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**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond completely Affled in L<sub>1.4</sub> didirector, page 3 should be detached far use as the burial-trainoit permit. Then please remove carbon popers abould be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours of the contents of the contents.

VR A15 (1) 30M REV. 1788

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

Page 4 may be retained by the hospitol or ottending physicion.

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24 hours

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

	•									
1. DECEASED-NAME (Type or print)	First Wayne		Lee Middle	Aher	Lost	20	. DATE OF D	Month Bec Doy	28 Yeor	58 28 HOHR N
3. SEX		4. RAGWhite			S. DATE OF BIRT	3,1968		6. AGE (In yeors last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	
7o. BIRTHPLACE (Stote country)	or foreign 71	U.S.		8. MARRIED WIDOWED	NEVER MARRIE	U	ounty of the			Md
10. CITY OR TOWN OF Frostburg		11. NAM	E OF HOSPITAL OR IN	ers.Hos	ot in hospitol			Kind of work done fe, even if retired.)	12b. KIND O INDUSTRY	OF BUSINESS OR
13o. USUAL RESIDENCE odmission) STATE	(Where deceosed	lived, if institution 13b. COUNTY A 1	n: Residence before Legany		rown 13d	INSIDE CITY LIMITS?	13e. STRI 157	Wood		
14. FATHER'S NAME	First	Middle J	Ahern	15	S. MOTHER'S MAID	EN NAME First Sandra		Middle Duc	ckwort	h Lost
160. WAS DECEASED EV Yes, no, or unknown			6b. SOCIAL SECURITY	NO. 17. I	NFORMANT Harry J	. Ahern	-West	ernport, 1	Md.	
	TH WAS CALISED F	RY.	for (o), (b), ond (c		1 7					OXIMATE INTERVAL N ONSET AND DEATH
Conditions, if on rise to immedio stoting the underlast.	y, which gove te couse (o),	DUE TO, OR AS	A CONSEQUENCE OF	ture,	portur	itim (	(28)	works)	101	minutes
1776 Y	IGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH BUT I	NOT RELATED TO	O THE TERMINAL D	ISEASE OR CONDIT	TION GIVEN	IN PART 1(o)	3.00	
190. DATE OF OPER	RATION 19b. CO	NDITION FOR WHICH	H OPERATION WAS P	ERFORMED	20o. AUTOPS	NO 🌠		YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN	CERTIFYING
□ OR CONTRIBUTING	VAS UNDERLYING  CAUSE OF DEATH  medicol exominer		Month Doy Yeo	21c. H	OW INJURY OCCUR	RED (Enter notu	ure of injury	in Port 1 or Port 2, I	item 18.)	
While Not w	ork		T HOME, FARM, STREET, FO OFFICE BUILDING, ETC.		OCATION Street of			or Town	County	Stote
saw the	deceased aliv	re an De	ided the decease	19 64, an	d that in (my)	(aur) opinian	, ta_Da death ac	corred an the da	te and hau	at (I) (we) las or and fram the
22b. SIGNATURE	: Pain	e Atr	ing 7	D DEGI	11113.	MED. DIRECTI	OR 🗆	STAFF PHYS. $\square$ 22c. I	DATE SIGNED	P, 196P
22d. PHYSICÍAN'S NAME (Type)		aige Str	ong		22e. ADDRE	rostbur	g, Mo	l.		
230. BURIAL, CREMATIC REMOVAL (Specify Buria	12	TE /30/68	Phi.				West	(City or Town) ternport	(County)	(Stote) Md.
24. EUNERAL DIRECTOR		) Wester	ADDRES	Md. 215	662	o. REC'D BY REC	GISTRAR	25b. REGISTRAR'S	SIGNATURE	les

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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IF UNDER 1 YEAR

MONTHS

2b. HOUR

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

after death 24 hours and campletely fillel remave carban par requires that the death certificate be executed within signed by the burial-transit O FUNERAL DIRECTOR: After this certificate has been the be retained directar, shauld b

CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 2o. DATE OF DEATH (Type or print) Cora Barley Dec. 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years 7/1/83 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED T U.S.A. DIVORCED [ Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress) during most of working life, even if retired.) Sylvan Retreat Cumberland 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY NO 313 Cecelia St. Cumberland Allegany 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First James Martin Barbara Mulligan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Yes, no or unknown) Mrs. Florence Reed, Cumberland, Md. Niece 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE Q stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF EN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town While Not while of work Dec. 24, 1968, that (1) (we) last , 19\_67\_, ta\_ 22a. I certify that (1) (this hospital) ottended the deceased fram. May 5 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR DEGREE PHYS. 226. ADDRESS 22d PHYSICIAN'S NAME (Type) 23d/LOCATION (City or Town) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Cumberland, Allegany, Md. BENOVAL (Specify) Dec.27.1968 St. Mary's Cemetery

Scarpelli, Cumberland, Md.

24. FUNERAL DIRECTOR

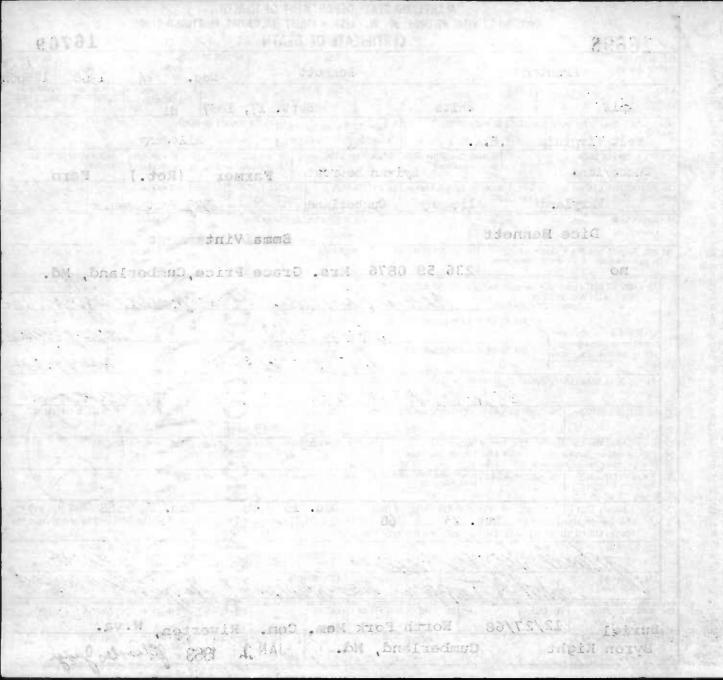
250. REC'D BY REGISTRAR DANAN 2

2Sb. REGISTRAR'S SIGNATURE

(County)

County

Stote



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16710

1009	6		C	EKIIFIC	ALE OF DEATH			101	10
1. DECEASED-NAME (Type or print)	First		Middle R.	BLAIR	Lost	20. D/	ATE OF DEATH Month / 3	Doy ( Sear	2b. Hour
3. SEX		4. RACE	(ITE		5. DATE OF BIRTH 05-07-25		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote country) MARYLA	or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED [ WIDOWED [	NEVER MARRIED   DIVORCED		TY OF DEATH		Mo
10. CITY OR TÓWN OF I	DEATH		OF HOSPITAL OR INSTI	HOSP I			ATION (Kind of work dor		F BUSINESS OR
13a. USUAL RESIDENCE admission) STATE	(Where decea	1 tot COUNTY		13c. CITY OR		NO 1	3e. STREET AND NUMBER (RURAL	()	
14. FATHER'S NAME	First BERT	Middle	Last BLAIR	15	MOTHER'S MAIDEN NAME (STEVENSON)	First MA	Middle R Y		Lost A I R
16a. WAS DECEASED EV Yes no or unknown	ER IN U.S. AR	MED FORCES? 16 var or dates af service)	218-16-46		NFORMANT ACRED HEART		Address	MD. ETON DR.	21502 CUMB.
Conditions, if any rise to immedia stoting the under last.	, which gave te cause (a),	(b)	A CONSEQUENCE OF	C. V			30525		
4201					THE TERMINAL DISEASE OF				
190. DATE OF OPER	ATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES NO [		206. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	CERTIFYING
21o. ACCIDENT W	CAUSE OF DEA	HOUR A.M.	JURY Month Day Yeor 19	21c. HC	W INJURY OCCURRED (En	ter nature o	of injury in Part 1 or Part	2, Item 18.)	
21d. INJURY OCCI While Not w at wark at wa	URRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	21f. LO	CATION Street ar R.F.D. N	Na.	City ar Tawn	County	State
saw the	deceased of	is hospital) attend live an ∰ (we) (did) <del>(di</del>	- 9 19	ad, and	that in (aur) a	pinian de	eath accurred an the	19 <u> </u>	(i) (we) last rand fram the
226. SIGNATURE 22d. PHYSICIAN'S	Mó	Upen K	auf	DEGR	22e. ADDRESS	MED. DIRECTOR	STAFF PHYS.	2c. DATE SIGNED	3-68
23a. BURIAL, CREMATIC REMOVAL (Specify	7		23c. NAME OF CE		CREMATORY	23d. L	OCATION (City or Town)	(County)	(State)
24. FUNERAL DIRECTOR FIGHHORN		L SERVICE	68 Memor	N ST	2So. RECID	BY REGIST	rostburg RAR 25b. REGISTER 6 1968	P'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. remave carban papers. Page nany event, within 72 hours nd completely filled in by **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending the director, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. af Health prior to burial, cremation, or remay

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				EKITFICA	ALF OF	DEATH						
1. DECEASED-NAME	First		Middle		Lost		2o. DATE OF					2b. HOUR
(Type or print)	LEON	P	MARGARET		BONE			Month	12 ay	21 Yeo	or 68	1:581
3. SEX		4. RACE			5. DATE OF B	IRTH		6. AGE (In y	ears	IF UNDER 1 YE		UNDER 24 HRS.
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7o. BIRTHPLACE (Stote of	or foreign 7t	. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MAI	RRIED	9. COUNTY OF	DEATH				
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10. CITY OR TOWN OF D		S'A	AME OF HOSPITAL OR INST	HOSP 17		12a. USUA duri <b>HO</b> O	L OCCUPATION	(Kind of war life, even if r	k done etired.)	12b. KINI INDUSTR	ID OF BUS	SINESS OR
13a. USUAL RESIDENCE ( admission) STATE MARY	(Where deceased LAND	lived, if institu 13b. COUNTY	tion: Residence befare	13c. CITY OR 1 FROST		13d. INSIDE CITY LIA YES NO	-	FEET AND NUM		ENUE		
	First AMES	Middle	Last WARN I C		WOLHEL,2 W	AIDEN NAME FI	rst IODA	M	Middle	WA	RNI	Lost CK
16a. WAS DECEASED EV Yes, no, or unknown) NO	ER IN U.S. ARMED	FORCES? r dates of service)	16b. SOCIAL SECURITY N 214-07-62		FORMANT HOSPI	TAL REC	CORDS	SACRE 900 S				
18. CAUSE OF DE	ATH (Enter only	one cause per li	ne for (a), (b), and (c).)	0 1	7	,				APF	PROXIMATE	
PART I. DEAT	H WAS CAUSED B	Y: CAUSE (a)	Cerebra	1 4	emu	orche	uge_			0.11	//	hus
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Conditions, if any		(L)	A CONSTRUCTION	neile	in	on "				1	6-	2
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last.	ilyllig couse	(e)								10		
PART 2. OTHER SI	GNIFICANT CONDIT	IONS CONTRIBL	ITING TO DEATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIVE	V IN PART 1(n)	}			
221V												
19a. DATE OF OPERA	ATION 19b. CO	IDITION FOR WE	IICH OPERATION WAS PER	FORMED	20a. AUTO		CALLEGE	YES, WERE FIN OF DEATH?	IDINGS CO	NSIDERED I	IN CERTI	IFYING
		21b. TIME O		21c. HOV	V INJURY OCC	CURRED (Enter	nature of injur	y in Part 1 or	Port 2, It	em 18.)		
OR CONTRIBUTING		HOUR A.M.	Manth Day Year	5	,		·			,		
21d. INJURY OCCL While Not who at work at war	JRRED 21e. PL		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street	et or R.F.D. No.	City	ar Town		County		Stote
22o. I certify	that (I) (this I	nospitol) att	ended the deceosed	d from/	2/1	7,196	E, 10_/	2/21	. 19 4	F. 1	hat (I)	(we) las
saw the couses st	deceased alive	on	(did not) view the b	6 and	that in (m	ý) (aur) opin	nion death o	occurred on	the dat	e ond ho	our ond	d from the
. 22b. SIGNATURE	1/2	4690		DEGREE	ATTENDIN PHYS.		RECTOR	STAFF PHYS.	22c. D.	ATE SIGNED	1/5	18
22d. PHYSICIAN'S NAME (Type)	J. A.	PACAN,	M.D.		22e. ADD	068 NAT	TIONAL	HIGHWA	Y, L	AVALE	, M	D.
23a. BURIAL, CREMATION PEMOVAL (Specify)		- 24-	23c. NAME OF CI	1.4	REMATORY	21 8	23d. LOCATIO	N (City or Tow	vn)	(County)		(State)
24. FUNERAL DIRECTOR		D. D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ADDRESS	///		2Sa. REC'D BY				ICNATURE		
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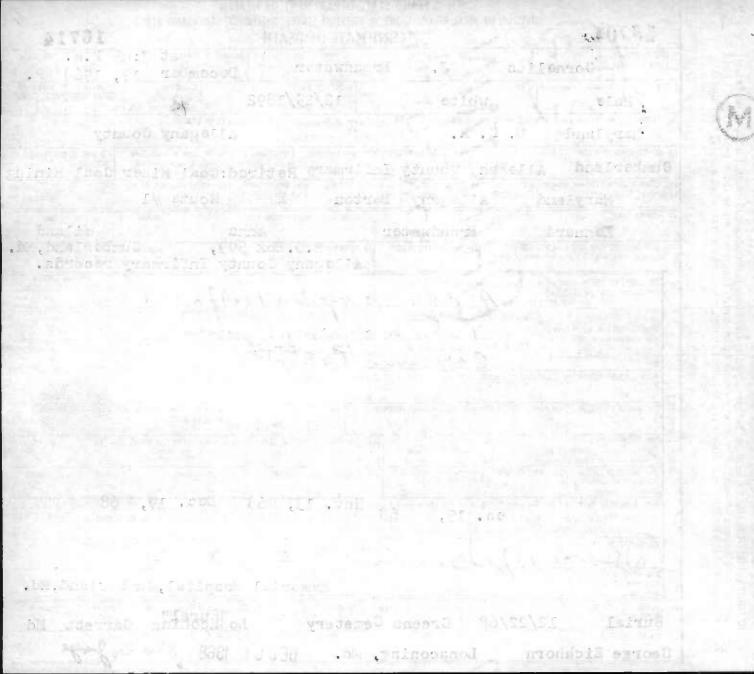
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George Eichhorn



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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O FUNERAL DIRECTOR: After this certificate

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CERTIFICATE OF DEATH 16715 . DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR BURKE (Type or print) GRAYSON S 0 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MALE WHITE 1-23-02 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (Stote ar foreign 8. MARRIED NEVER MARRIED cauntry VIRGINIA U.S.A. ALLEGANY DIVORCED [ WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRYRailroad give street oddress) A during most of working life, even if retired.)
Retired Carman HOSPITAL CUMBERLAND 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER YES REAR OLDTOWN RD. 900 **CUMBERLAND** 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First COFFMAN VALLIE BURKE SAMUEL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address HOSPITAL CUMBERLAND, MD Yes, no, or unknown) MEMORIAL 705-05-4550 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING - CAUSE OF CEATH HOUR A.M Month Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 21F JOCANON Street or R.E.D. No. City of Town While Not while at work 220. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stote) obove (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) CUMBERLAND, MD. DR. R. J. WILLIAMS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) 28,1968 Hillcrest Burial Park Cumberland, Allegany, Md. Dec. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

James F 2Sa. REC'D BY REGISTRAR VR A15 (4) Scarpelli, Cumberland, Md. DATEJAN 3 1969

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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,	Type or print)	CLARK,		MARY	F	RANCES		12	l 1	68 T.AW
3. Si	FEMAL		RACE WHI	ΓE	S.	DATE OF BIRTH	)8 <b>-</b> 98	6. AGE (In years lost birthday)	IF UNOER 1 MONTHS	YEAR IF UNOER 24 HRS. OAYS HOURS MIN.
7o.	BIRTHPLACE (State or nerry WEST VIF	foreign 7b. C	U.S.A.		8. MARRIED X	NEVER MARRIE DIVORCEI		OUNTY OF DEATH  ALLEGANY CO	DUNTY,	Mo
	CUMBERLA	ND	SACI	OF HOSPITAL OR INST	HOSPIT	AL	quing male	CCUPATION (Kind of work do Working life even if retire	one 12b. Kli ed.) INDUST	ND OF BUSINESS OR
13o. odm	USUAL RESIDENCE (Wission) STATE MAF	here deceased liver AYLAND	ed, if institution b. COUNTY AL	Residence before	13c. CITY OR TO		INSIDE CITY LIMITS?	13e. STREET AND NUMBER	}	
14.		First NRLES	Middle	Lost WELCH		MURPHY		Middl	W	ELCH Lost
	. WAS DECEASED EVER Yes, no, of paknown)	IN U.S. ARMED FO		b. SOCIAL SECURITY N 215-20-5		ORMANT RED HEA	ART HOS	Addres PITAL, 900 SE	ETON DR	
		FH (Enter only one WAS CAUSED BY: IMMEDIATE (A		for (a), (b), and (c).) ABENO-CAR		OF UT	EDINE C	EDVIV	BETT	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	Conditions, if ony, or rise to immediate stating the underly lost.	which gove couse (o),	DUE TO, OR AS	A CONSEQUENCE OF						HOS
2	PART 2. OTHER SIGN	NIFICANT CONDITIO	NS CONTRIBUTIN	G TO DEATH BUT NO	T RELATED TO T	HE TERMINAL D	ISEASE OR COND	ITION GIVEN IN PART 1(o)		
CERTIFICATION	190. DATE OF OPERAT	ION 19b. CONDI	TION FOR WHICH	OPERATION WAS PER	FORMED	20o. AUTOPSY YES	? NO 🙀	2Db. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED	IN CERTIFYING
MEDICAL CER	21o. ACCIDENT WAS ON CONTRIBUTING [	CAUSE OF OEATH	21b. TIME OF IN HOUR A.M. P.M.	IJURY Month Day Yeor 19		INJURY OCCUR	RED (Enter not	ure of injury in Port 1 or Por	rt 2, Item 1B.)	
ME	21d. INJURY OCCUR While Not while at work of work		OF INJURY (AT	HOME, FARM, STREET, FACT FICE BUILDING, ETC.	ORY,) 21f. LOCA	TION Street o	r R.F.D. No.	City or Town	County	Stote
	saw the de	eceased alive	an12	ded the decease  11 19 id nat) view the b	9_68, and t	that in (my)	, 19 <u>68</u> (aur) apinia	n death accurred an th	, 19 <u>68</u> , e date and h	that (I) (we) las laur and fram the
S	22b. SIGNATURE	Pw/	3m_	M.D	DEGREE	11115.	MED. DIRECT	STAFF C	22c. DATE SIGNI 12-	11-68
	22d. PHYSICIAN'S NAME (Type)	R.W. BAL	LIN, M.	D.		22e. ADDRES	REENE S	T., CUMB., MI		2
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/1		23c. NAME OF C	O. F	. Ceme	eterv	d. LOCATION (City or Town) Elk Garder	nMiner	al W W
24.	FUNERAL DIRECTOR KIGHT FUN	IERAL HO	ME, 309	ADDRESS DECATUR	ST., CL	JMB., M	DEC 1	GISTRAR 2Sb. REGISTI	RAR'S SIGNATUR	E

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and (ampretely) filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remake carbon papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs aff VR A15 (4) 30M REV. 1/68

within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

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F.V. MLIII, M. 1.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16719

12b. KIND OF BUSINESS OR

HOME

RASS

JE LINDER 1 YEAR

2b. HOUR

CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) NERINE R. CONROY S. DATE OF BIRTH 4. RACE 6. AGE (In years last birthday) FEMALE WHITE 01-22-07 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) MARYLAND USA WIDOWED | DIVORCED [ ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during mast a working life, even if retired.) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CUMBERLANDES ALLEGANY 20 VALLEY STREET 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle WILLIAM MORRISON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL CHART Yes, no, or unknown) NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Subarrehnord IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Kupulined rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) mullitus 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🛛 NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work

NAME (Type) CLARENCE

22o. I certify that (I) (this haspital) attended the deceased fram......, 19....., to... causes stated above, (1) (we) (did) (did nat) view the bady after death.

DEGREE

DEC. 26 1968 ROSE HILL CEMETERY

ATTENDING 22e. ADDRESS MED.
DIRECTOR

912 SETON DRIVE

23d. LOCATION (City or Town)

CUMBERLAND .

CUMB., MD. 21502

, that (I) (we) last

State

REMOVAL (Specify) 24. FUNERAL DIRECTOR

230. BURIAL, CREMATION,

22b. SIGNATURE

22d. PHYSICIAN'S

KIGHT FUNERAL HOME

23b DATE

309 DECATUR ST.

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR DADEC 30 1968 2Sb. REGISTRAR'S SIGNATURE

(County)

22c. DATE SIGNED

County

Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld shauld be filed with the

24 haurs after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

eath eral

and in any event,

burial-transit

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16707 CERTIFICATE OF DEATH 20. DATE OF DEATHAT 6: Last 1. DECEASED-NAME First Middle be executed within 24 haurs after death (Type or print) Russell W. Cutter December 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) 1893 May 15. White Male signed by the attending physician and campletely filled in by to burial-transit permit. They please femave carban papers. Paburial, cremation, ar remaval, and in any event, within 72 hours 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (duntry) Maryland U. S. A. Allegany County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital County Infirmary Alle gany Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Allegany Midland YES X 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Cutter Jacob Lanna 17. INFORMANT P.O. BOX 599. AddresCumberland. Md. TENDING PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na. ar unknawn) Allegany County Infirmary records. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave Viter this certificate has been signed by the be detached far use as the burial-transit State Dept. af Health prior ta burial, cremati rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. of 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from Oct. 9. , 1968, ta Dec. 24., 1968, that (I) (we) last saw the deceased alive an Dec. 24. 1968 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE STAFF PHYS. Y DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS Memorial Hospital, Cumberland, Md. NAME (Type)

MARYLAND STATE DEPARTMENT OF HEALTH

16720

12b. KIND OF BUSINESS OR

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Poland

County

22c. DATE SIGNED

(County)

25b. REGISTRAR'S SIGNATURE

BETWEEN ONSET AND DEATH

State

(State)

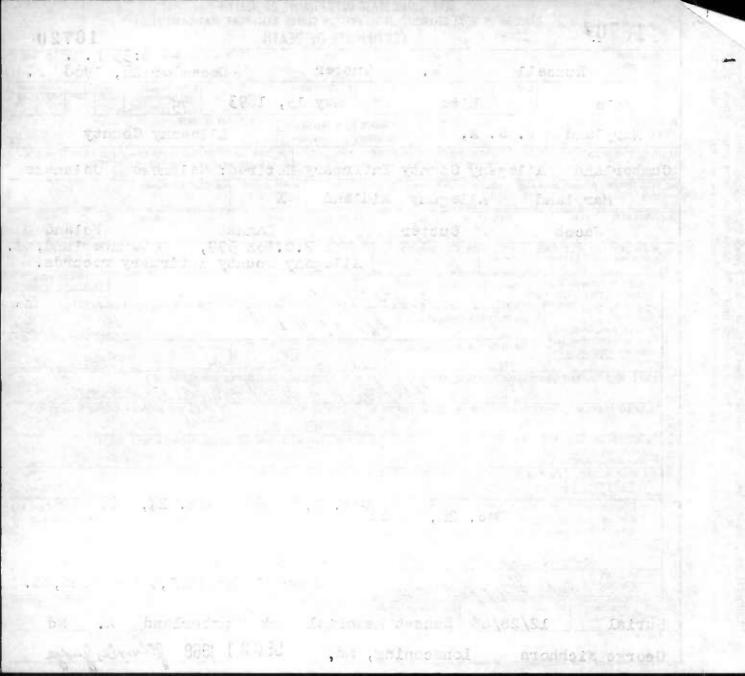
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IF UNDER 24 HRS.

1968

IF UNDER 1 YEAR

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 12/28/68 Sunset Memorial Park Cumberland 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1968 Lonaconing, Md. Eichhorn George



TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be defached for use shauld be filed with the State Dept. af Healt

within 24 hours after death

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1. DECEASED-NAME

3. SEX

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(Type ar print)

14. FATHER'S NAME

ond completely filled in by the funeral remove (or by the food 2 remove (or by the filled in 52 hours after death, nony event, within 72 hours after death.

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requires that the deoth certificate be executed within 24 hours after deoth

While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 11/23, 1968, to 12/3

saw the deceased alive an 12/2 19/08, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.

JOHN 'B. DAVIS, M. D.

DEGREE

ATTENDING PHYS.

MED. DIRECTOR

STAFF PHYS.

FROSTBURG, MD

22c. DATE SIGNED 22e. ADDRESS 2 BROADWAY, FROSTBURG, MD.

23a. BURIAL CREMATION. REMOVAL (Specify)

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY DEC. 6. 1968 FBG. MEMORIAL PARK

23d. LOCATION (City ar Town)

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VR A15 (4) 30M REV. 1/68

director, should

DURST, FROSTBURG, MD.

2Sa. REC'D BY REGISTRAR DATEDEC 9 1968

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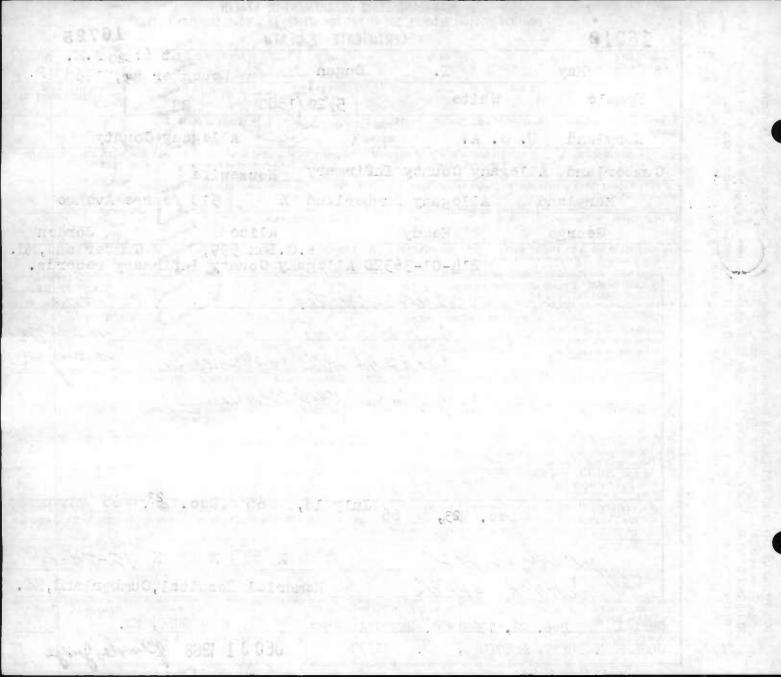
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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±2-		CEASED-NAME First	Middle	Lost '	20. DATE OF DEATH	2b. HOUR
uneral 1 and 2 2r death	(	'ype or print) DORO	THY P	DAVIS	Month Day	68 12:45
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h by the reserved by the reser	/o.	ntry)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH  ALLEGANY	
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mpletely filled ive serbor papel event, within 72		CUMBERLAND	give street address) AL	HOSPITAL during me	ast of working life, even if retired.) HOUSEWIFE	INDUSTRY
E & 0		USUAL RESIDENCE (Where deceosed ission) STATE MAR YLAND	lived, if institution: Residence befare 13b. COUNTY ALLEGANY	CUMBERLAND YES X NO		DALE ST.
	14.	ATHER'S NAME First  JAMES	Middle Lost GORD	IS. MOTHER'S MAIDEN NAME F	irst Middle DLLIE	MORGAN
10.0		WAS DECEASED EVER IN U.S. ARMEI es, na, ar unknawn) (If yes give war	D FORCES? or dates of service)	IO. 17. INFORMANT MEMORIAL HOS	SPITAL CUMBER	LAND, MD.
attending phys permit. Then p ian, ar remaval,		18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
af Health	MEDICAL CE	210. ACCIDENT WAS UNDERLYING  ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH  (If either, notify medical examine	r) HOUR A.M. Month Day Year		r noture af injury in Port 1 or Port 2, It	em 18.)
Dept.	ME	at work at work	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
State		22a. I certify that (1) (this	haspital) attended the decease	od from 7 , 1969 9 65, and that in (my) (aur) api	8, ta 12/5, 196	, that (1) (we) la
with the		canses shaled anane,	ve an (1) (we) (did) (did nat) view the	9 68, and that in (my) (aur) api bady after death.		
p		22b. SIGNATURE	essueder	DEGREE PHYS.	NED. STAFF 22c. D.	ate signed 68
e E		22d. PHYSICIAN'S NAME (Type) DR . S	. G. WEISMAN	22e. ADDRESS CUMBE	RLAND, MD.	/
director,	23a.	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
E to				vage Methodist Cem		lleg Md
A15 (4) REV. 1/68	24.	FUNERAL DIRECTOR Share	La Hase ADDRESS	. Cumberland MadDEC	ry registrar 25b. registrar's s	IGNATURE
	-	Charles E. Hai	er, 230 Balto Ave	· ChineLTand Minro	10 1000	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16727 CERTIFICATE OF DEATH First Middle Lost 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME death. pup (Type or print) Ruth Mae Durst December physician and campletely filled in by the funen please. Pages 1 avol, and in any event, within 72 haurs affer avol, and in any event, within 72 haurs affer 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. certificate be executed within 24 haurs after last birthdoy) HOURS 1900 Feb. 8. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) USA Allegany WIDOWED DIVORCED [ Pa. 12a. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.)
HOUSEWIIE **INDUSTRY** Frostburg Home Own 13c. filly or lown with diand 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNT 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle Lost Edward Durst Charlotte Cramer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Midland. Sherman Durst. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), (ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: minedui permit. IMMEDIATE CAUSE (a) crematian, Canditions, if any, which gove ; signed by the burial-transit rise to immediate couse (a), þ DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law requires burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical exominer) detached 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING FTC While Not while at wark of work 1960, to Dec 12-1968, that (1) (we) last 22a. I certify that (1) (this haspital) attended the deceased fram-19 6 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive anshauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURES 22c. DATE SIGNED **ATTENDING** M. DEGREE director, page 3 shauld be filed v PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S LONACONING NAME (Type) 21539 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION 23b. DATE Burial (Specify) Springs, Somerset. Springs Cemetery 24. EUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 Grantsville. Md.

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after \$\frac{\varphi}{\varphi} \times \text{death.}\$ Page 4, be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
VR 15A	A15 (4) A 9/60

	MARYLAND S	STATE DE		HEALTH	
		TIFICAT	E OF DEATH	STREET, BALTIMORE	16790
1	PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased lived, If institut	tion: Residence before admission)
	a. COUNTY Allegany		a. STATE	b. COUNTY	A77
-	b. CITY OR TOWN (if outside comprete limits   C LENGTH	OF STAY IN 16	Md.	f outsida corporata limits, writa RURA	Allegany
	Write KUKAL and give nearest town)	OI SIA. III ID			at and give nearest lown)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	rears	Westernoo	ort	e, IS RESIDENCE
	,	er address;	d. SIREET ADDRESS		ON A FARM?
/ =	404 Walnut St.		404 Walr		YES NO Y
1	DECEASED	ddle	Last	4. DATE Month	Day Year
	(Type or print) Donald		Fairall	Dec.	11 19 68
	6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8	. DATE OF BIRTH	9. AGE (In years   IF UN	
		VORCED [	July 27, 19	915 53 rthday) Mon	ths Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if retired)	ESS OR INDUSTR	Y   11. BIRTHPLACE (Count		2. CITIZEN OF WHAT COUNTRY?
2	20 years Army Retir	ed	Westernpo	ort. Md	U.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN		O D A
	Walter Fairall		Katharyn	OfHonlow	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECL	RITY NO.   17. I	NFORMANT	Address 70	W. Hampshire
	Tes, no, or unkown) (If yes give war or dates of service)			1/	rrcombourter
=	Yes   1942 - 1962   217-05   18. CAUSE OF DEATH   Enter only one causa per line for (a), (b)		Mary Marga	aret Kolberg	Piedmont, W. V
	PART I. DEATH WAS CAUSED BY:	No.	1. 111		ONSET AND DEATH
	IMMEDIATE CAUSE (a) // lastine	/sener	Lyes Her	money c	1 Nous
1	DUE TO		00		2 76
	Conditions, if any, which gave rise to immediate cause	crothe	ombines	ui a	mones
	(a), stating the underlying DUE TO				die it
	cause last. (c) Whose	10			Tylant
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
13	5810				YES NO
CEPTIEICA TION	2DB. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW IN OR CONTRIBUTING   CAUSE OF DEATH	NJURY OCCURED	. (Enter natura of injury in P	art I or Part II of itam 18.)	
18	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
13	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCU	RRED   20e. PLA	CE OF INJURY (Home, farm,	, 20f. (City or town)	(County) (State)
VAEDICAL	Hour a.m. While Not While at work at work		ory, street, office bldg., etc.)		
1				12. Day 11	10/08: 10/00
	21. I cartify that (I) (this hospital) attended the de	- /			, 19.6.0 that (1) (5) last
		, and that	·	M, from the causes and	
-	22a. SGNATURE	, -		ED. STAFF	22b. DATE
	abertus ers /	h M	D. PHYS. DI	RECTOR PHYS.	ac. 11, 1768
	22c. NYSKIAN'S NAME (Type)		22d. ADDRESS		
-	Robert W. Bess Jr.		122 Ashf	ield St. Pie	dmont. W.Va.
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME REMOVAL (Specify)	OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (Stata)
	Burial 12-16-68   Arli	ngton 1	lat.	Arlington,	Va.
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDR.			D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
	W. Harold Fredlock, Jr. Pie	dmont, V	V.Va. DATE U	EC 16 1968 gc	lance Judge
-					0 0

Commission shows No. 2. 12. 12. 12. 12. . DE LOCKETOR STORE TO BE Si Tri Vs bluis partito TAINE TO EXCEPT THE LAND granted Jennard Furth 1881-1985 Say 2 - Argf La Till ganging i good to ble lase this little to the saction of second Va. 12-16-68 Arlington Nat. Arlington, 888 81030 . The state of the and 2 death.

executed within 24 haurs after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16729

	ECEASED-NAME First Type or print) WILLI	AM	Middle	FOST			DEC		1968	2b. HAW.
3. SE	MALE	4. RACE WH I	TE		S. DATE OF B	7/188		6. AGE (In years last Hodoy) YRS.	MONTHS DAY	
70. E	BIRTHPLACE (State or foreign ntry) PENNA.	7b. CITIZEN OF WH.	. A.	WIDOWED		RCED 🔲		EGANY		M
	CUMBERLAND	givM		HOSPI	TAL	12a. USU during m	al occupation	(Kind of work dane life, even if retired.)		of Business or el Co.
13o. admi	USUAL RESIDENCE (Where deceasission) STATE W. VA.	sed lived, if institution	on: Residence before	13c. CITY OR RIGE	LEY	13d. INSIDE CITY I	0 1	TREFT AND NUMBER  WA: BASH	ST.	
	FATHER'S NAME First PATRICK		FOSTER			ARY	First	Middle KF	RESS	Lost
	(lf yes give v	MED FORCES? war ar dates of service)	16b. SOCIAL SECURITY N 162-18-53	611	NEMOR I	AL HO	SPITAL	., CUMBER		MD .
	Conditions, if ony, which gove nise to immediate cause (a), stoting the underlying couse lost.	(b) Due to, or A	S A CONSEQUÊNCE OF	1 a	tolo	ello	tto		La Salar	evis
CERTIFICATION	PART 2. OTHER SIGNIFICANT COLUMN COLU		CH OPERATION WAS PER		20a. AUTO	OPSY?	20b. 1	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN	CERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exornical Natural Natura	TH HOUR A.M. ner) P.M.	INJURY Month Doy Year 19 At Home, Farm, Street, Faccoffice Building, Etc.		OW INJURY OC	· ·		y or Tawn	County	State
	22a. I certify that (I) (the saw the deceased concess stated above	live on Al	16	9 Jan	d that in In		inian death	accurred on the d	ate and hav	at (I) (we) las or and fram th
	22d. PHYSICIAN'S DR	B. SCHI	NDLER	DEGF	11110.	FIL	MED. DIRECTOR   ENE S	STAFF PHYS. CUMBE	DATE SIGNED RLAND	, MD.
	REMOVAL (Specify) 12	DATE /17/68	23c. NAME OF C				Cumb		(County) Allegan	(State) ny Md.
24.	FUNERAL DIRECTOR H. Wayne Geor	ge Cumbe	ADDRESS erland, Ma	ryland		DATE DE	BY REGISTRAR C 2 0 15	25b. REGISTRAR	s signature	was.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. It should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haur VR A15 (4) 30M REV. 1768

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	Lt	eml FilmG407	12/18/68 k	k (	EKIIFICA	IE OF DEATH				
		EASED-NAME pe or print) MARGA	RET AN	Middle NA	GOER		2a. DATE OF 1 2	Manth 5 Da		2b. HOUR 1 12:49
3	S. SEX	EMALE	4. RACE WHITE		S	DATE OF BIRTH 9/30/13		6. AGE (In years lostr-birthday) YRS.	MONTHS OAYS	HOURS MIN
	caunt	RTHPLACE (Stote or foreign ry) MARYLAND	7b. CITIZEN OF WHAT		WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF ALLE	GANY		M
0	C	Y OR TOWN OF DEATH	give stre	et oddress) MEMC	DRIAL	HOSP. during		(Kind af wark dane lifeFe en if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
1	13o. U odmis:	SUAL RESIDENCE (Where deced	3b. COUNTY G	Residence befare	ACCI	DENT YESX	NO 🗌	REET AND NUMBER		
-	14. FA	THER'S NAME ADAM	Middle	RICHTE	R 15. 1	MOTHER'S MAIDEN NAME	First LEN	Middle M.	SAUE	RWALK
		NAS DECEASED EVER IN U.S. AR s, no, or unknown) (If yes give	MED FORCES? war or dates of service)	6b. SOCIAL SECURITY N		ORMANT MORIAL HO	SPITAL	, CUMBER	RLAND,	MD.
		1830 Canditians, if any, which gave	ED BY: IATE CAUSE (a) DUE TO, OR AS	for (a), (b), ond (c).)  A CONSEQUENCE OF	oma	tosis-	vary			AATE INTERVAL NSET AND DEATH
		rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS (c)	A CONSEQUENCE OF	T RELATED TO	HE TERMINAL DISEASE OF	RCONDITION GIVE	N IN PART 1(a)		
2	CERTIFICATION	9a. DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	CAUCEC	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
	A	210. ACCIDENT WAS UNDERLY  ☐ OR CONTRIBUTING ☐ CAUSE OF DE  (If either, notify medical exam	HOUR A.M.	Month Doy Yeor		INJURY OCCURRED (En		ry in Port 1 ar Port 2,	Item 18.)	
		nt work ot work				TION Street or R.F.D. N		or Town	County	State
	22a. 1 certify that (I) (this haspital) attended the deceased fram 1966, 19, ta 124, 1968, that (I) (we) las saw the deceased alive an 1968, and that in my) (aur) apinian death accurred an the date and haur and fram the causes stated above (II) (we) (did) (cid,not) view the bady after death.									
		22b-SIGNATURE	7. Le	wis 14	- D DEGREE		MED. DIRECTOR	STAFF PHYS.   22c.	DATE SIGNED	8
1		22d. PHYSICIAN'S NAME (Type) T'HON	AS F. LE	WIS, M.				, CUMBER	LAND,	MD.
-		BALLIS 2 1	. DATE . 2/7/68	23c. NAME OF C		EMATORY Shurch Cer	177 - 171	ON (City or Town) dent.Gar	(County)	(Stote)
	24. J	UNERAL DIRECTOR		ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	

Grantsville, Md. DATEDEC 13 1968

VR A15 (4)

executed within 24 haurs after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifing Page 4 may be retained by the haspital or attending physician.

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law requires that the death certificate buriol-tronsit O HOSPITAL OR ATTENDING PHYSICIAN: The law requires th Page 4 moy be retained by the hospital or attending physician. as the prior to b hos been of Heolth this certificate State Dept. O FUNERAL DIRECTOR: After director, page 3 should should be filed with the

be executed within 24 hour

220. I **certify** that (I) (this hospital) ottended the deceased from saw the deceased alive an 12124 19 are and 19 0 to 25/Dec 19 68 , that (1) (we) last 19 62, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceosed olive an\_\_\_ causes stated above (1) (we ((did)) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING Mercular DEGREE DIRECTOR L 22d. PHYSICIAN'S 22e. ADDRESS 59 GREENE ST., CUMBERLNAD, MD. NAME (Type) S.G. WEISMAN M.D.

REMOVAL (Specify) 12/28/68 4 FUNERAL DIRECTOR H. Wayne George
GEORGES FUNERAL HOME, 202 GREENE ST., CUMB. 24. FUNERAL DIRECTOR H

23a. BURIAL, CREMATION,

23h DATE

Hillcrest Burial Park.

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR DEC 3 1

Cumberland. Allegany 1968

23d. LOCATION (City or Town)

Md.

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•	executed within 24 haurs after death.	d campletely filled in by the (uneral move carban paper). Sages I and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Fages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval; and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e Page 4 may be retained by the haspital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

1600 t Item#13eFilm#G40	DIVISION OF VITAL RECORDS,			RYLAND 21201	1673	3
1. DECEASED-NAME First (Type or print) EARL	Middle W	GROWD EN	2o. DATE OF	DEATH ABERNTH 18 Doy		2b. HOUR
3. SEX MALE	4. RACE WHITE	5. DATE OF BIRT 03 - 04		6. AGE (In years last birthdoy) YRS.		IF UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country) PENNA.	'b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRI WIDOWED DIVORCE	D ALLEG	ANY		Md
10. CITY OR TOWN OF DEATH  CUMBERLAND	11. NAME OF HOSPITAL OR IN	HOSPITAL		life, even if retired.) OPERATOR	12b. KIND OF B	IND.
13o. USUAL RESIDENCE (Where deceosed odmission) STATE MD	lived, if institution: Residence before 13b. COUNTY ALLEGANY	CUMBERLAND	ES NO X		FORD/R	PAP
14. FATHER'S NAME FIRST ESBY	Middle GROWE		EN NAME First	Middle	HARDI	NGER
16o. WAS DECEASED EVER IN U.S. ARMEI Yes, no, or unknown) (If yes give war	D FORCES? 16b. SOCIAL SECURITY or dates of service)	MEMODIA	L HOSPITAL	Address CUMBE	RLAND,	MD .
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  UITIONS CONTRIBUTING TO DEATH BUT, N		Khewajo	had dette	. *	
190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	ERFORMED 20a. AUTOPS YES		YES, WERE FINDINGS CO OF DEATH?	OŃSIDERED IN CEI	RTIFYING
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor P.M.	9	RRED (Enter noture of inju	ry in Port 1 or Port 2, 1	Item 18.)	
21d. INJURY OCCURRED While Not while of work	LACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY.) 21f. LOCATION Street	or R.F.D. No. City	or Town	County	Stote
saw the deceased aliv	hospital) attended the decease ye an (i) (we) (did) (did nat) view the	19 <u>68</u> , and that in/(my)	(aur) apinian death (		te and haur a	(i))(we) las
22d. PHYSICIAN'S NAME (Type) S. G	ecsura.  6. WEISMAN, M.D.	DEGREE ATTENDING PHYS.  22e. ADDRE 59 G	DIRECTOR L	STAFF PHYS.		
230. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATIO	ON (City or Town)	(County)	(Stote)
24. FUNERAL DIRECTOR BYRON KIC	GHT CUMBER	LAND, MD	So. REC'D BY REGISTRAR DEC 2 4 1961	2Sb. REGISTRAR'S	SIGNATURE	L

VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16735

T.	DECEASED-NAME	First	Middle		Lost	2a.	DATE OF DEATH		2b. HOUR
	(Type ar print)	Annie	Elizabe	th	Hartell	D		Do 1968 ear	4:P A
3.	SEX .	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	1	White		Dec.26, 18	876	91 pinndoy)	RS. MONTHS DAYS	HOURS MIN.
	o. BIRTHPLACE (State or ountry) Mary		WHAT COUNTRY?	MARRIED [	NEVER MARRIED DIVORCED		INTY OF DEATH		M
10	), CITY OR TOWN OF DE		NAME OF HOSPITAL OR INSTI				UPATION (Kind of work don	ne 12h KIND O'	F BUSINESS OR
	Cumber	land giv	re street address) 121	Spri	ngdale St		working life even if retired	I.) INDUSTRY	Home
	TATE (mission)	Where deceosed lived, if instituted and a lived.		3c. CITY OR Cumbe			13e. STREET AND NUMBER 121 Springd	ale St.	
14	4. FATHER'S NAME	First Middle John Snyder	Lost	15	. MOTHER'S MAIDEN NA/	ME First	Middle Sara	h Shank	Lost
14	6a. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO		rformant . Frank W	. Har	Address cumbe		dSon
	IB. CAUSE OF DEAP PART I. DEATH Canditions, if any, rise to immediate stating the under last.	which gove (b)	R AS A CONSEQUENCE OF		0	ne	ix ensatur		KIMATÉ INTERVAL ONSET AND DEATH
121011	PART 2. OTHER SIG	NIFICANT CONDITIONS CONTRI TION 19b. CONDITION FOR N	BUTING TO DEATH BUT NOT WHICH OPERATION WAS PERF		THE TERMINAL DISEASE 20a. AUTOPSY?	OR CONDITI	20b. IF YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
	Ĭ				YES NO		CAUSES OF DEATH?		
	210. ACCIDENT WA	CAUSE OF DEATH HOUR A.P.	۸. 19		OW INJURY OCCURRED (	(Enter notur	e of injury in Part 1 ar Part	2, Item 1B.)	
100	While Not whi		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	-	CATION Street or R.F.D		City or Town	County	Stote
	22a. I certify to saw the d causes sto	hat (I) (this haspital) a eceased alive an ated abave, (I) (we) (die	ttended the deceased 19 d) (did nat) view the bo	from ody after o	that in (my) (aur) leath.	apinion	ta	19 <u>68</u> , tho date and hour	t (I) (we) last and from the
	22b. SIGNATURE	ent Ja	wrett	DEGR		MED. DIRECTO	R STAFF 2	ec. 9,19	68
	22d. PHYSICIAN'S NAME (Type)	Dr. Clay E.	Durrett,MI	)	22e. ADDRESS 236 Vir	ginia	a Ave., Cumb	erland,	Md.
L	30. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE Dec.11,19			Burial Par	k	LOCATION (City or Town)  Sumberland,	(Caunty)	(Stote) , Md •
2	4. FUNERAL DIRECTOR	Scarnelli	Cumberland	Ма	2Sa. REC	D BY REGI	STRAR 2Sb. REGISTRA	IR'S SIGNATURE	1.0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physicion.

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicial and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or ottending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16736

1		TOOKS			CERTIFICATE OF DEATH								
		CEASED-NAME ype or print)	First THOMAS	KI	Middle NNEY		HASTINGS		DATE OF DEATH	25	6,8,	2b. HOUR 11:40AM	
	3. SE	X MALE	4. R/	HITE	2		S. DATE OF BIRTH	643	6. AGE (In	yeors dow) YRS.	MONTHS DA		
	7o. l	BIRTHPLACE (Stote or for stry) PENNSYL	van a	ZEN OF WHAT CO		WIDOWE	/ B		INTY OF DEATH ALLEGAN			Mc	
0	10. (	CUMBERL	AND	give street		HOSP	ITAL	uring modes	UPATION (Kind of w working life, even i man	f retired.)	12b. KIND INDUSTRY Mens	OF BUSINESS OR Clothin	
1	13o. odm	usual residence (Wission) STATE MARY	LAND 13b.	, if institution: ReCOUNTY	EGANY	CUM	BERLANDES	SIDE CITY LIMITS?	13e. STREET AND N		Т.		
	14. 1		AMES	Middle	HASTI	NGS	IS. MOTHER'S MAIDEN	NAME First		Middle	KI	ELLER	
		was DECEASED EVER	N U.S. ARMED FOR (If yes give war or dates		OCIAL SECURITY N 14-07-10		MEMOR I A	L HOSF	PITAL	Address CUMB		ND, MD.	
		1533 Conditions, if ony, w	VAS CAUSED BY: IMMEDIATE CAUS DU hich gove ouse (o),	Ca	ONSEQUENCE OF	a dl	signione refactes lud retroj	to ble	n with adder	ea,		ROXIMATE INTERVALEN ONSET AND DEATH	
	NOI	PART 2. OTHER SIGN	FICANT CONDITIONS	(c)	O DEATH BUT NO	res	TO THE TERMINAL DISE	EASE OR CONDITI	ON GIVEN IN PART  FEWER  120b. IF YES, WERE	Cote	OF OF THE PROPERTY OF THE PROP	Descripting	
X	CERTIFICATION	21o. ACCIDENT WAS		1b. TIME OF INJUI			YES	NO D	CAUSES OF DEATH			T CERTITINO	
	MEDICAL (	OR CONTRIBUTING [	cause of Death icol exominer)	IOUR A.M. Moi P.M.	nth Doy Yeor				City or Town	01 1011 2, 1	County	Stote	
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1		22d. PHYSICIAN'S NAME (Type)	DR. S.	G. WEI					ND, MD.				
		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/28	/68			2 Cemetery	23d.	LOCATION (City or unxsutaw)	ley,	(County) leffer	son, Penn	
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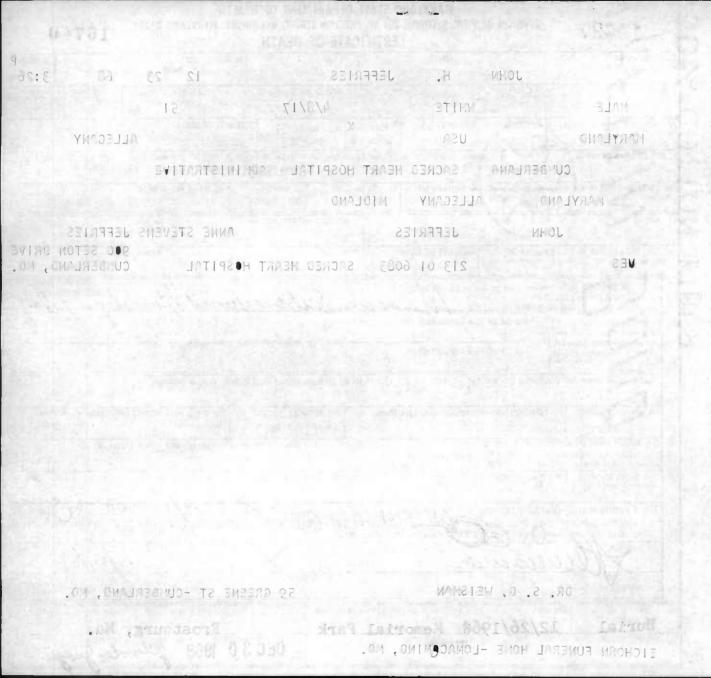
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16740 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH after death, death. 2b. HOUR P (Type or print) 12 Manth 23 JOHN **JEFFRIES** H. 3:26M 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR last birthday) MALE WHITE 4/8/17 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) MARYLAND USA ALLEGANY WIDOWED [ DIVORCED [ law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CUMBERLANDVe street odAERED HEART HOSPITAL during A DAVID WORK THAT VINCETIRED.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY ALLEGANY MIDLAND YES NO en please remay 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last **JEFFRIES** and in JOHN ANNE STEVENS JEFFRIES 900 SETON DRIVE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, na, a ( kgawn) 213 01 6083 SACRED HEART HOSPITAL CUMBERLAND, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave cremat burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? far use YES [ NO 🗌 af Health O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year If either, natify medical examiner) with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 19 19 68, and that in (my) (aur) apinian death accurred on the date and hour and fram the couses stated above (1) (we) will did not view the bady after death. 22b. SIGNATURE ATTENDING STAFF director, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN 22e. ADDRESS DR. S. G. WEISMAN 59 GREENE ST -CUMBERLAND, MD. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Memorial Park Frostburg EICHORN FUNERAL HOME -LONACONING, MD.



# FOR STATE HEALTH DEPT.

16728

any delay is in pencil in Item 18. Give Poges 1, 2, and 3 to ical Examiner's Office along with form PM3. Poge within 24 hours ofter death

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or remavol, and in any event within 72 hours ofter death.

DICAL EXAMINER: This certificate should be executed necessory, please execute the certificate, writing the word "pendig the funeral director. Page 4 shauld be forwarded to the Chief Me TO DEPUTY

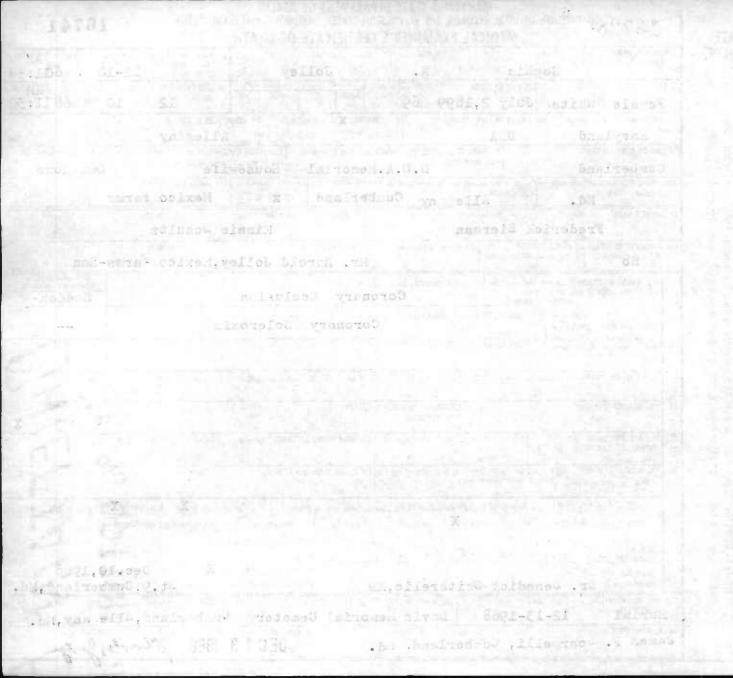
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16741

	ECEASED-NAME	First		Mid	idle	Lost				Doy Year 24 140U	
(Type or Print)		So	phia		A .	Jolley			DEATH MATED 12-	0.00	
3. SI	EX	4. RACE	S. DATE OF BI	RTH	6. AGE (In year	s IF UNDER 1 YEAR			2c. DATE PRONOUNCED DEAD	24 14100	
]	Female	White	July 2	,1899	69 y	RS. MONTHS DAYS	HOURS	MIN.	Month 12 Doy 10	Year 1968 11:3	
	BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WE	HAT COUNTRY?		MARRIED K NEVER	MARRIED	9. COU	INTY OF DEATH		
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(	Cumberl	and	give	street oddress)	D.O.A.	Memorial	Ho	usev	f working life, even if retired.)	Own Home	
		CE (Where deceose	d lived, if instit	ution: Residence	e before 13c. C	TY OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
01	dmission) STATE	Md.	13b. COUNTY	llegan	y Cum	berland	YES 🔀 N	10 🗌	Mexico Farm	S	
14. F	ATHER'S NAME	First	Middle		Lost	1S. MOTHER'S A	MAIDEN NAME	First	Middle	Lost	
		Frederi	ck Bier	man			M:	inni	ie Schultz		
		ER IN U.S. ARMED F		16b. SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS		
(Y	es, no, or unknov	(If yes give w	rar or dates of service)			Mr. Har	old J	olle	y, Mexico Farm	s-Son	
	18. CAUSE OF	DEATH (Enter only	one couse per	ine for (o). (b).	ond (c).)			13 1-3		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		EATH WAS CAUSED	BY:	(0) (0)		onary O	cclusi	Lon		Sudden	
	4109	IMMEDIA	TE CAUSE (o)	AS A CONSEQU					21/11/11/11		
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ď	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
.,	4201										
CERTIFICATION	190. DATE OF O	PERATION	19b. CONDITION FOR WHICH OPERATION						20. AUTOPSY?		
TIFIC				WAS PER	FORMED?					YES NO	
	210. EXTERNAL			INJURY Month,	Doy, Yeor	21c. HOW INJURY	OCCURRED (Er	nter notu	re of injury in Port 1 or Port 2, Ite	m 18.)	
MEDICAL	PRIMARYO CAUSE OF DEAT	R CONTRIBUTING [		.M. .M.	19						
MEL	21d. INJURY OC	CURRED 21e. P	LACE OF INJURY (		street,	21f. LOCATION Stre	et or R.F.D. No		City or Town	County Stote	
	WHILE NOT WHILE of foctory, office building, etc.)										
			ok charge of t	he remains o	described abo	ve held an Ai	ıtansy 🗍	Ins	spection X Inquiry	ond in my opinio	
		22a. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry  ond in my opinion death resulted from: Notural causes , Accident , Suicide , Hamicide Undetermined manner									
	a can re	301100 110111.	1	103 (-1, /	accident []		HIEF MEDICAL	·- L.,		P DEVE	
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	NAME (Type)	Dr. Be	nedict	Skitar	elic.M				own, or county) Rt.9, Cu		
	BURIAL, CREMA	TION, 23b.				RY OR CREMATORY		_		(County) (Stote)	
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24.	FUNERAL DIRECT	OR C			ADDRESS		2So. REC'I	D BY REG	GISTRAR 2Sb. REGISTRAR'S S	IGNATURE	
J	ames F.	Scarpe	lli, Cu	mberla	ind, Md	•	DADEC	113	3 1968 Scharl	as Jondge	
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SCARRELLI FUNERIL HOME- CUMBERLAMBIN. LEGG Z D 1988

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16743 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2a. DATE OF DEATH ond 2 deoth. 2b. HOUR executed within 24 hours after death uneroi (Type ar print) John Edward Kroll 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ent, within 72 Ho country) ndmentapletely filled in DIVORCED [ WIDOWED -Allegany ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Retired Baker give street oddress) Frostburg Miners Hospital event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 11 erany odmission) STATE NO emove Midland 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Last Middle ond in requires that the death certificate be-Kroll John Constance Retallick 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) or removal, Midland, Md. 213-01-60824 John 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) Canditions, if one, which gove burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been be retained by the hospital or attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🗌 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Tor OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Way, 1968, ta New 12, 1968, that (I) (we) last saw the deceased alive an 1968 and that in (my) (a) apinian death accurred an the date and hour and from the causes stated abave, (1) ( (did not) view the body after death. 22b. SIGNATURE C 22c. DATE SIGNED ATTENDING STAFF directar, page should be filed DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS CONVICCIONNO 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 12/23/68 Memorial Park Frostburg Md. ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 1968 George Eichhorn Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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**ADDRESS** 

Cumberland, Md.

2Sa. REC'D BY REGISTRAR

1968

2Sb. REGISTRAR'S SIGNATUR

VR A15 (4) 30M REV. 1.468

24. FUNERAL DIRECTOR

H. Wayne George

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial remain. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

	ECEASED-NAME Type ar print)	First JOHN	Middle W		Lost EWIS		2a. DATE OF DECEM	DEATH  BEMONTH 22 Do	14 9 6 <b>19</b> 17	2b. HOUR # 3:30 M
3. SI	MAL, É	4. RACE WH 1	TE		S. DATE OF BI	RTH /1898		6. AGE (In years last birthey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
	BIRTHPLACE (State or ntry) MARYL		WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	CED [		DEATH GANY		Md
	CUMBERLA		NAME OF HOSPITAL OR INS e street address) MEMORIAL	TITUTION (IF no HOSP 1		12a. USUAL during mo	OCCUPATION ST PEWORKING	(Kind af wark dane life, even if retired.)		BUSINESS OR
13a. adm	USUAL RESIDENCE (Wissian) STATEMAR	Here deceased lived, if instit YLAND 13b. COUNTY	utian: Residence befare LEGANY	13c. CITY OR ECKI	TOWN HART	13d. INSIDE CITY LIM YES NO		REET AND NUMBER		
	AB	RAHAM Middle	LEWIS	15.	MOTHER'S MA	IDEN NAME Fir	st IAR THA	Middle	WILLI	SON
160.	. WAS DECEASED EVER (es, ne prynknawn)	IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY N 220-10-2		FORMANT EMORIA	AL HOS	PITAL	Address CUMBER		
	18. CAUSE OF DEAT PART I. DEATH /53 8 Conditions, if any, we rise to immediate stating the underly lost.	which gave (b)	R AS A CONSEQUENCE OF	late (	Eder	v Clerc	elriña	- Calon		MATE INTERVAL HISET AND DEATH
CERTIFICATION	1538	ON 19b. CONDITION FOR V	Ceculer (Ke) WHICH OPERATION WAS PER	RFORMED	20a. AUTO	PSY?	20b. TF CAUSES	YES, WERE FINDINGS OF DEATH?		ERTIFYING
MEDICAL CE	21a. ACCIDENT WAS    DR CONTRIBUTING	cause of DEATH HOUR A.N dical examiner) P.N	A. Month Day Year A. 19 ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.  ttended the decease	d from	ATION Stree	t ar R.F.D. Na.	City	ar Tawn  Mov 22, 19 occurred on the d	County	State  (I) (we) last and from the
	22b. SIGNATURE	DR. HIMMEN	M	DEGRE	ATTENDIN	DECC	RECTOR D	STAFF PHYS.	DATE SIONED  1/21/0  BERLAN	D, MD.
B	BURIAL, CREMATION, REMOVAL (Specify) FUNERAT DIRECTOR	23b. DATE 12/24/68 1. SOWERS, H	AFER - SPORES	RT CEN	METERY	2Sa. REC'D BY	ECKH	ON (City or Town)  [ART ALI 25b. REGISTRAR	(Caunty) F.G.A.N.Y S. SIGNATURE	(State) MD

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and com	14.	ATHER'S NAME First	Middl	·	15. MOTHER'S MAID	DEN NAME First		
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G PHYSICIAN: The law rec the hospital or attending p tr this certificate has been si detached for use os the b te Dept. of Health priar to b	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS PE			2Db. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
The rate of the ra	ERTIF	21o. ACCIDENT WAS UNDERLYIN	C LOSI TIME	r of muny	YES	NO 🗍		. 0 1/2 101
da o al o di cata for Hec	SALC	OR CONTRIBUTING CAUSE OF DEAT	HOUR A	E OF INJURY .M. Month Doy Yeor	21c. HOW INJURY OCCUP	KKED (Enter no	oture of injury in Port 1 or Po	rt 2, Item 18.)
Spit Spit Sertif T. of	MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.	PLACE OF INJUI	.M. 19		or PED No	City or Town	County State
JING PHYSICI by the hospit ffer this certif be detached Stote Dept. of		While Not while	PLACE OF INJUI	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	OF K.F.D. NO.	City of Town	County Store
NG the de		OF WOLK OF WOLK	s haspital)	attended the decease	ed fram	10,1968	to /2/11	, 196 , that (D) we) la
NDI Bd b Id b Id b		22a. I certify that (I) (thi saw the deceased al causes stated abave	ive on	12/11	9 60, and that in (my)	(aur) apinio	an death accurred an th	e date and haur and fram th
TITE dine the the		causes stated above	, (I) (we) (d	id) (did nat) view the	bady after death.			22c. DATE SIGNED /
REC 3 s 3 s d wi		S.G. WEISM	M M	n	DEGREE PHYS.	MED.	CTOR STAFF	12/11/68
AL O		22d. PHYSICIAN'S	7		22e. ADDRE		Clok Co Phis. Co	/
PITA mo ERA ERA Ju, p		NAME (Type)	ence	esua	50	CREEN	ST CHMBE	DI AND MD
TO HOSPITAL OR ATTENDING Poge 4 moy be retained by t TO FUNERAL DIRECTOR: After director, poge 3 should be of should be filed with the Store	230.	BURIAL, CREMATION, 23b. I	DATE	23c. NAME OF	CEMETERY OR CREMATORY	2	23d. LOCATION (City or Town)	(County) (Stote)
<b>5</b>	L	BURIAL BURIAL	2/13/1	.968 Wesl	ey Chapel Chi	urch	Levels, (Ha	
VR A15 (4) 30M REV, 1/68	24. . T	FUNERAL DIRECTOR HOM	men es.	Berkelev S	Springs, W. V	So. REC'D BY R	REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE
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1988 Franky Judge	81336				

12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 13e. STREET AND NUMBER 418 WASHINGTON ST. Lost CARLTON **ESTHER** MEMORIAL HOSPITAL. CUMB. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) County State O FUNERAL DIRECTOR: After , 19 61, to 7 Dec., 19 68, that (1) two last \_, and that in (my) (our) opinion death occurred on the date and hour and from the be retoined 22c. DATE SIGNED 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. W. A. VANORMER CUMBERLAND, MD. directar, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) 12/10/1968 Hillcrest Burial Park Near Cumberland Purial

24 FUNERAL DIRECTOR Alleg 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 30M REV. 1/68 290 Balto Ave, CumberlandAMBEC 1 2 1968 John J. Hafer.

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1968

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24 hours after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificote be executed. Page 4 moy be retoined by the hospital or attending physician.

## MA 8 0 DIVISION OF VITAL RECO

D STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16749

					@ 111111111111111111111111111111111111	41112 41							
	ECEASED-NAME Type or print)	First		Middle E .		Last MAN LE	V	2a. 1	DATE OF E	DEATH Manth	Doy	19 Year 68	2b. HOURA
3. SI	rv	PART	4. RACE	Е,					-	/ ACT (In		IF UNDER 1 YEAR	1 4:50 M
3. 30		ALE	4. KALE	WHITE		S. DATE OF	·07-95			6. AGE (In years lost birthday)		MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote			OF WHAT COUNTRY?	8. MARRIEL	NEVER M	ARRIED X		NTY OF I	ANY COU	NTV		
10. (	CITY OR TOWN OF			11. NAME OF HOSPITAL OF give street address) SACRED HEA	R INSTITUTION (IF		12a. USL	JAL OCCU	PATION (	Kind af work de fe, even if retire	gne	12b. KIND OF E	BUSINESS OR CHER
13o. odm	USUAL RESIDENCE issian) STATE	(Where decease	d lived, if i	nstitution: Residence befo	ore 13c. CITY C	DLAND	13d. INSIDE CITY YES N	LIMITS?		EET AND NUMBER ARASTRE			
14.	FATHER'S NAME W [	First LL I AM	Mid	ddle Los MANLE		IS. MOTHER'S	MAIDEN NAME		HERI	Middl NE	е		Last NLEY
	. WAS DECEASED E		ED FORCES? or or dates of sen		1	INFORMANT	HEART I	HOSP	ITAL	Addres		MD. 21 N DR.,	
	183	IMMEDIA  iy, which gove ate cause (o),	BY: TE CAUSE (o) DUE TO (b) DUE TO	O, OR AS A CONSEQUENCE O, OR AS A CONSEQUENCE	RC I NOMA	, LEFT	OVARY					8 M	IOS
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
CERTIFICATION	19a. DATE OF OPE	RATION 19b. 0	ONDITION F	OR WHICH OPERATION WA	S PERFORMED	FORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDING: CAUSES OF DEATH?				IGS COI	INSIDERED IN CE	RTIFYING	
MEDICAL CER	21o. ACCIDENT \ OR CONTRIBUTING (If either, natify	CAUSE OF DEATH	er) HOUR	IME OF INJURY  A.M. Manth Day Y P.M.	ear 19				of injury	in Part 1 or Pa	rt 2, Ite	em 18.)	
ME	21d. INJURY OC While Nat w at wark of w	CURRED 21e.	PLACE OF IN	JURY ( AT HOME, FARM, STREE OFFICE BUILDING, ETC.						or Town		Caunty	State
	22a. I certify saw the causes	22a. I certify that (1) (this haspital) attended the deceased from 5 = 6, 19 57, ta 12 = 19, 19 68, that (1) (we) las saw the deceased alive an 12 = 18, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death.											
	22b. SIGNATURE	Reys	To. 1	Buce 4	D. DE	GREE PHYS.		MED. DIRECTOR		STAFF PHYS.		ATE SIGNED  Z-19-6	8
	22d. PHYSICIAN' NAME (Type	. \	BALLI	N. M.D.			DDRESS GREENE			MBERLAN		MD. 215	02
23a.	BURIAL, CREMATI REMOVAL (Specif Buria	ON, 236. D			of cemetery of Mich				LOCATION	(City or Town) Frost		(County)	(Stote)
24. F	FLINERAL DIRECTO	IR .		-8 E. MAIN	PSS	-	250 RECIN	5OFS	TIZAR 1	1686. REGISTI			

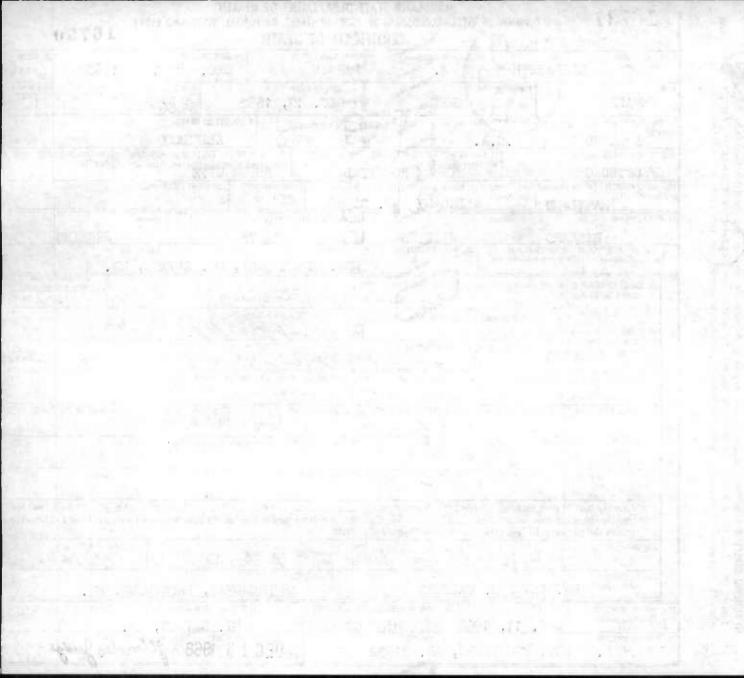
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Perport should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour VR A15 (4) 30M REV. 1/6

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MARYLAND STATE DEPARTMENT OF HEALTH 16737 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16750 CERTIFICATE OF DEATH Item6 FilmGlo7 . DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) BUTZABBUTH Month 7 W. Doy 1968 or MARTIN DEC. : 62/W 5. DATE OF BIRTH IF UNDER 24 HRS. 3. SFX 4. RACE 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) HOURS FEMALE DEC. 17. 1882 WHITE requires that the death certificate be executed within 24 haurs campletely filled in by tove carban papers. P 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) ALIEGANY ENGLAND U.S.A. WIDOWED X DIVORCED | 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY FROSTBURG 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO T SAVAGE ALLEGANY 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle First lease rel RICHARD WATKINS **JENKINS** EDITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) phy MRS. ELSIE BARB, MT. SAVAGE, MD. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ar signed by the burial-transit Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse TERMINAL DISEASE OF CONDITION O FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 8 , 1968 , that (1) ( last be retained causes stated abave, (1) ( (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** directar, page Shauld be filed PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. ALVIN J. WALTERS 48 BROADWAY, FROSTBURG, 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) (Stote) BUTTAL (Specify) METHODIST CEMETERY MT. SAVAGE. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

JOSEPH R. DURST, FROSTBURG, MD. 21532

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH ION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE,

15733	DIVISION OF VII		TIFICATE OF		ORE, MARILAND 21201	167	51			
/T	irst JISE B	Middle	MARTIN		DECEMBER 2	o, 1968	2b. HOUR			
3. SEX FEMALE	4. RACE WHITE		5. DATE OF	ST 4, 189	6. AGE (In years lost birtheloy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			
7o. BIRTHPLACE (Stote or foreign cauntry) MARYLAND	7b. CITIZEN OF WHAT (	1 "	MARRIED 🛪 NEVER MA	RRIED 9.	COUNTY OF DEATH ALLEGANY		Md			
10. CITY OR TOWN OF DEATH  CUMBERLAND		OF HOSPITAL OR INSTITUTED HEART H	FION (If not in hospital SPITAL		OCCUPATION (Kind af wark dane of working life, even if retired.)		BUSINESS OR HOME			
13o. USUAL RESIDENCE (Where de odmission) STATE MARYLA	ND 13b. COUNTY AL	Residence before 13c.	CITY OR TOWN  UMBERLAND	13d. INSIDE CITY LIMIT		TOMAC PA	ARK			
14. FATHER'S NAME First AJOHN	Middle	Lost BR I NKER		NAIDEN NAME First	ANNIE	BRIN	Lost IKER			
16a. WAS DECEASED EVER IN U.S. Yes, na, a waknawn) (If yes	ARMED FORCES? pive war or dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT HOSP I	TAL RECO	Address RD, CUMBERLAND,		02 MATE INTERVAL			
Conditions, if any, which go rise to immediate couse ( stating the underlying case) ast. 203 X	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
19a. DATE OF OPERATION	96. CONDITION FOR WHICH (	OPERATION WAS PERFOR	MED 20a. AUT		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
Grant Contributing   Cause of (If either, notify medical ex 21d. INJURY OCCURRED   While   Not while   at wark   22a. I certify that (I)   saw the decease   causes stated ab   22b. SIGNATURE   Cause   22d. PHYSICIAN'S	Countributing   Cause of Death   HOUR A.M.   Month Doy Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street ar R.F.D. No.   City ar Town   Caunty   State   While   Not while   of towark   of towark   of the work   of t									
23g. BURIAL CREMATION, 2	ENCE VINCENT 3b. DATE ec.23,1968	andre .	TERY OR CREMATORY Paul Cem		MALLWOOD ST., (23d. LOCATION (City or Tawn) Cumberland, All	(County)	(State)			

**10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave (artion-bas) director, page 3 shauld be detached far use as the burial-transit permit. Then please remave (art<del>ion)</del> shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event with VR A15 (1) 30M REV. 1168

funeral 1 and 2 1 r death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

4 FUNERAL DIRECTOR . Scarpelli, Cumberland, Md.

250. REC'D BY REGISTRAR 258 DATE DEC 2 6 1968

25b. REGISTRAR'S SIGNATURE

8 Clarles Judge

LOUISE B. MARTIN DECEMBER 20, 1969 1:55F

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LATYLAND USA

CUMBERLAND SACRED HEART HESPITAL HOUSEWIFE

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HOSPITAL RECORD, CUMBERLAND, M. 21502

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16739

CERTIFICATE OF DEATH

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	CEASED-NAME ype ar print)	First Pavid	Middle Scott	MARVIN	DECEMBER 280	2b. 10 10 10 10 10 10 10 10 10 10 10 10 10				
3. SE)		4. RACE WHITE	30000	S. DATE OF BIRTH DECEMBER	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
	IRTHPLACE (Stote or foreign try) MARYLAND	n 7b. CITIZEN OF WHAT	COUNTRY? 8. MARRIEI WIDOWEI	D NEVER MARRIED V	9. COUNTY OF DEATH ALLEGANY	S. Md				
	TY OR TOWN OF DEATH		OF HOSPITAL OR INSTITUTION (IN		SUAL OCCUPATION (Kind of work dan NON Eworking life, even if retired. In fant					
13o. l admis	USUAL RESIDENCE (Where sisten) STATMARYL	deceosed lived, if institution:	Residence before CUM	BERLANDYES XX						
14. FA	ATHER'S NAME DAV	D S. M.	ARVIN	15. MOTHER'S MAIDEN NAMI MARY	E First Middle	東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東東				
160. Ye	WAS DECEASED EVER IN U	.S. ARMED FORCES? yes give war or dates af service)		INFORMANT EMORIAL HOS	Address SPITAL. CUMB.					
	PART I. DEATH WAS	MMEDIATE CAUSE (a) DUE TO, OR AS A gave (b)	or (a), (b), and (c).) PUIMONA CONSEQUENCE OF PHEMA CONSEQUENCE OF	. / .	orrhage	APPRÖXIMATE INTERVAL BETWEEN OMSET AND OCATH				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES 📝 NO	CALISES OF DEATHS	IGS CONSIDERED IN CERTIFYING				
N	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF OEATH   HOUR A.M. Manth Day Year   P.M. 19									
	21d. INJURY OCCURRED While Not while at wark		HOME, FARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D.	No. City or Town	County State				
	22a. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) los saw the deceased alive on19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.									
	22b. SIGNATURE PHYS. DIRECTOR STAFF 12/29/68									
,	*	ROBERT				CUMB. MD.				
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11. / 23 / 69		Burial Park,		(County) (Stote) Allegany Md.				
24.	FUNERAL DIRECTOR H. Wayne G	eorge Cumbe	ADDRESS rland, Marylar	2So. REC'I	D BY REGISTRAR 25b. REGISTRA	r's signature Carles Judge				

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicial ond completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Pages 1 ord should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dear ond completely filled in by the Tremove corbon papers. Pages Page 4 moy be retained by the hospital or ottending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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CERTIFICATE OF DEATH

JOAN  JEAN STATE   4. RACE   5. DAIL OF BIRTH   6.05   1882   188			CEASED-NAME	First	Middle		Lost	20. DATE OF DEATH	2b. HOUR		
3. SEX Male  4. RACE White  Why a has been been been been been been been bee	-	(1-	ype or print)	John	William	1	AcCorkle	Month Doy	Year 1968 1 A M		
7. BIRTHPLACE (Sinte or foreign country)  10. CITY OR TOWN OF DEATH  USA  USA  USA  USA  USA  USA  USA  US	1	3. SE							IF UNDER 1 YEAR   IF UNDER 24 HRS.		
USA			Male		White		May 8, 188	lost birthdoy) 86 yrs.	MONTHS DAYS HOURS MIN.		
USA   WIDOWED   DIVORED   Allegany   May		7o. B	SIRTHPLACE (State or fareign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVER MARRIED 🛣	9. COUNTY OF DEATH			
10. CITY OR TOWN OF DEATH   13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital wining mast part of work done during mast parting life, even if retired.)   126. NIND OF BUSINESS OR MONE   130. CISIAL RESIDENCE Where deceased lived, if institution: Residence before   13c. CITY OR TOWN   13c. STREET AND NUMBER   13c. CITY OR TOWN   13c. STREET AND NUMBER   13c. STREET AND NUMBER   13c. CITY OR TOWN   13c. STREET AND NUMBER   13c. STREET A	Н	coun		- 1				Allegany	Md		
Same   State		10. C		- 11	. NAME OF HOSPITAL OR INST	ITUTION (If	nat in hospital 12a. USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR		
ISO. LISTAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE   13b. COUNTY   13b. MOTHER'S MAIDEN NAME   13b. COUNTY   13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   15b. MOTHER'S MAIDEN NAME   1	5		Cumberl	land	Sv	van I	etreat	<b>None</b>	None		
14. FATHER'S NAME   First   Middle   Lost   Is. MOTHER'S MAIDEN NAME   First   Middle   Lost   Peter   H.   McCorkle   Margaret   Maddle   Lost   Margaret   Clark		13a.	USUAL RESIDENCE (Where of	deceased lived, if insti	itution: Residence before	13c. CITY O	R TOWN 13d. INSIDE CITY LIV				
Peter H. McCorkle    160. WAS DECARDE VER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO   17. INFORMANT   Address   17. INFORMANT   Sylvan Retreat Records, Cumberland, Md.   NO   Sylvan Retreat Records, Cumberland, Md.   Sylvan Retreat Records, Cumberland, Md.   APPROXIMALI INFORMANT   Sylvan Retreat Records, Cumberland, Md.   APPROXIMATION   Sylvan Retreat Records,		uumi			Allegany	Cur	nberland	952 Glenwood	1 Street		
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown.   (If yes give war or diseased service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Sylvan Retreat Records, Cumberland, Md.   (AUSE OF DEATH (tenter only one cause per line for (o), (b), gnd (d))   (a)   (b)   (b)   (c)   (b)   (c)		14. F									
Yes, no, or unknown    (If yes give war or deleas of service)   None   Sylvan Retreat Records, Cumberland, Md.			Peter	н.				argaret	Clark		
NONE  SYLVAN RETERET RECORDS, CHILDER INDIRECTORS  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  YES   NO   CAUSES OF DEATH-POINT OR PART 1 or Port 2, Herm 18.)  21d. AUGUST OF CHIRD CONTRIBUTION OF MICH PART (AT HOME FARM, STREET, FACTORY.)  21d. HOW INJURY OCCURRED  22d. I CERTIFY that (1) (this haspital) attended the deceased from ADY: 15, 19 67, 10 Dec. 25, 19 68, that (1) (we) lass sow the deceased drive on Causes stated above, (1) (we) (did did not) view the body after death.  22d. PHYSICIAN'S  JAME (Type)  JAME									h 2 M 2		
Seminimore course per line for (a), (b) and (c).   Seminimore course per line for (a), (b) and (c).		''			None	S	yıvan ketre	at Records, Cum			
IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF onse to immediate couse (a)   Stating the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF (c)   Stating the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF (c)   Stating the underlying couse lost.   C)   DUE TO, OR AS A CONSEQUENCE OF (c)   Stating the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF (c)   DUE TO, OR AS A CONSEQUENCE OF (					r line for (o), (b) and (c).)		-+1				
DUE TO, OR AS A CONSEQUENCE OF Conditions, if on, which gove one to immediate cause (a) Stating the underlying couse (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHER SIGNIFICANT CONTRIBUTION TO DEATH PART 1 (d)  PART 2. OTHE		3			6Mgl	LALLO	ulls	as	CLED 3dys.		
inse to immediate cause (a). Stating the underlying cause (b). Co. As a consequence of the constitution of the determinant disease or condition given in part 1(a).    Part 2. Other significant conditions contributions contributions contributions contributions contributions. Contributions contributions are contributed.   20a. Autopsy?   20b. If yes, were findings considered in certifying causes of death?   21a. Accident was underlying cause of death?   21b. Time of injury   40 month downwas performed   20a. Autopsy?   21c. How injury occurred (Enter native of injury in Part 1 ar Part 2, Item 18.)   19 month disease of Death?   21d. Injury occurred (Enter native of injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   21d. Injury occurred (Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 18.)   22d. Injury in Part 1 ar Part 2, Item 1			4129		OR AS A CONSEQUENCE OF	10.1	and the last of th		/		
Due To, Or As a consequence of stating the underlying couse lost.   (c)	3	11			Chr. N	2 Als	97	Ale	sug 19ats		
Dest.   Color   Part 2. Other significant conditions contributing to death, but not related to the Jerminal disease or condition given in Part 1(a)				(0),	OR AS A CONSEQUENCE OF	1 1	0.1 -		17		
19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    19a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)   19c.   19			last.		UMS	1860	Willesta	M	Duy HERKS!		
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19   21d. INJURY OCCURRED   While   Not while   at wark   22a. I certify that (I) (this haspital) attended the deceased from   Apr. 15, 19 67, ta   Dec. 25, 19 68  , that (I) (we) lass saw the deceased alive an   Dec. 24   19 68  , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.    22b. SIGNATURE   22c. DATE SIGNED   22c. DATE SIGNED   22c. DATE SIGNED   22d. PHYSICIAN'S   22d. PHYSICIAN'S   22d. DATE SIGNED			PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T RELATED 1	O THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)			
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19   21d. INJURY OCCURRED   While   Not while   at wark   22a. I certify that (I) (this haspital) attended the deceased from   Apr. 15, 19 67, ta   Dec. 25, 19 68  , that (I) (we) lass saw the deceased alive an   Dec. 24   19 68  , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.    22b. SIGNATURE   22c. DATE SIGNED   22c. DATE SIGNED   22c. DATE SIGNED   22d. PHYSICIAN'S   22d. PHYSICIAN'S   22d. DATE SIGNED		NO	7200 SULMIPULS SUSULE								
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19   21d. INJURY OCCURRED   While   Not while   at wark   22a. I certify that (I) (this haspital) attended the deceased from   Apr. 15, 19 67, ta   Dec. 25, 19 68  , that (I) (we) lass saw the deceased alive an   Dec. 24   19 68  , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.    22b. SIGNATURE   22c. DATE SIGNED   22c. DATE SIGNED   22c. DATE SIGNED   22d. PHYSICIAN'S   22d. PHYSICIAN'S   22d. DATE SIGNED	1	SAT	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM					NSIDERED IN CERTIFYING			
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19   21d. INJURY OCCURRED   While   Not while   at wark   22a. I certify that (I) (this haspital) attended the deceased from   Apr. 15, 19 67, ta   Dec. 25, 19 68  , that (I) (we) lass saw the deceased alive an   Dec. 24   19 68  , and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.    22b. SIGNATURE   22c. DATE SIGNED   22c. DATE SIGNED   22c. DATE SIGNED   22d. PHYSICIAN'S   22d. PHYSICIAN'S   22d. DATE SIGNED	X	RTIF									
While Not while at wark   22a. I certify that (I) (this haspital) attended the deceased from ADT. 15, 19.67, ta Dec. 25, 19.68, that (I) (we) las saw the deceased alive an Dec. 24 19.68, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.    22b. SIGNATURE   22c. DATE SIGNED   22c. DATE SIGNED   22d. PHYSICIAN'S NAME (Type)   22e. ADDRESS   22e. ADDRESS   23d. LOCATION (City or Town) (County) (State)   22d. PHYSICIAN'S NAME (Type)   22d. DATE   23d. LOCATION (City or Town) (County) (State)   22d. FUNERAL DIRECTOR   22d. FUNERAL DIRECTOR   23d. REGISTRAR'S SIGNATURE   23b. REG				2101 1111		21c. F	IOW INJURY OCCURRED (Enter	noture of injury in Port 1 ar Part 2, It	em 18.)		
While work   18. Toke of Hotel Office Building, FTC.   17. Toke offic		EDIC	(If either, natify medical e	exominer) P.I	M. 19						
22a. I certify that (I) (this haspital) attended the deceased from ADT 15, 19 67, ta Dec 25, 19 68, that (I) (we) las saw the deceased alive an Dec 24 19 68, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DAT			While Not while	21e. PLACE OF INJUR	( AT HOME, FARM, STREET, FACTO	ORY,) 21f. L	OCATION Street or R.F.D. No.	City or Tawn	County State		
saw the deceased alive an Dec. 24 19.68, and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22c. ADDRESS  22d. PHYSICIAN'S NAME (Type)  22d. PHYSICIAN'S NAME (Type)  22d. DEGREE  22d. DATE SIGNED  22	5		at work at work 10 (this hespital) attended the despect from Apr. 15 19 67 to Dec. 25 19 68 that (1) (we) lead								
causes stated abave, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  DEGREE PHYS.  22d. PHYSICIAN'S NAME (Type)  22d. DIRECTOR PHYS.  22e. ADDRESS  22e. ADDRESS  23d. LOCATION (City or Town) (County) (State)  REMOVAL ISpecify  12/29/68 Henderson Cemetery Harmer Twnshp. Penna.  24. FUNERAL DIRECTOR  ADDRESS  25d. RECD, BY, REGISTRAR'S SIGNATURE			saw the deceased alive an Dec. 24 1968, and that in (my) (aur) apinion death occurred an the date and hour and from the								
22d. PHYSICIAN'S NAME (Type)  22d. DEGREE PHYS. DEGREE PHYS. DIRECTOR DIREC											
22d. PHYSICIAN'S NAME (Type)  23d. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 12/29/68 Henderson Cemetery Harmer Twnshp. Penna.  24. FUNERAL DIRECTOR ADDRESS 25d. RECID. BY, REGISTRAR'S SIGNATURE			22b. SIGNATURE	1 do les	n./ a		ATTENDING - A	ED. STAFF 22c. D	ATE SIGNED		
23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 12/29/68 Henderson Cemetery Harmer Twnshp. Penna.  24. FUNERAL DIRECTOR ADDRESS 25a. RECD, BY, REGISTRAR'S SIGNATURE			TARILL	C SUMME	N M	DEG	REE PHYS.	IRECTOR L PHYS.	3120.60		
23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 12/29/68 Henderson Cemetery Harmer Twnshp. Penna.  24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE			22d. PHYSICIAN'S NAME (Type)	achild 12	Toniene,	2	22e. ADDRESS				
REMOVAL (Specify L. 12/29/68 Henderson Cemetery Harmer Twnshp. Penna.  24. FUNERAL DIRECTOR ADDRESS 250. RECD. BY, REGISTRAR'S SIGNATURE			0. 7	me M	Semiler	auc		Tool toolstoned			
24. FUNERAL DIRECTOR ADDRESS 250. RECID. BY, REGISTRAR 25b. REGISTRAR'S SIGNATURE		23a.	REMOVAL (Specify)		////				. "		
		24		12/29/6		rson					
		Z4.		es		. Pa	. 15144. JA				

VR A15 (4) 30M REV. 1/68

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by th director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours of

executed within 24 hours after deoth.

rtificore

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death Page 4 may be retained by the hospital or attending physicion.

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		a Designation	10000000	
Market Contract				
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shp. Fer	n'i iomin'i	on Cemetery	/58 Henders	BURLAT 12/29
J. S. Nagar 159	1 7 A	Pa. 15144 L	Springdale,	il. Clower

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 20. DATE OF DEATH haurs after death (Type or print) **JOHN** W. Mc CULLOUGH DEC. 3. SEX 4. RACE S. DATE OF BIRTH MALE JULY 25, 1886 WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED carban papers. U.S.A. WIDOWED AT DIVORCED | ALLEGANY within 72 the attending physician and campletely filled sit permit. Then please remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done give street address) FROSTBURG and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE 13b. COUNTY YES -NO 🗌 ALLEGANY FROSTBURG 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First WILLIAM W. McCULLOUGH ESTELLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, ng or unknown) (If yes give war or dates of service) 266-76-9394 McCULLOUGH. FROSTBURG. MD 18. CAUSE OF DEATH (Enter only one cause per line\_far (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION. GIVEN IN PART 1(a) has been far use as the Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO [ this certificate ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT NOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After 22a. I **certify** that (I) (this haspital) attended the deceased fram NON 21, 1968, ta Dec. 22, 1968, that (I) (we) last saw the deceased alive an Dec. 22, 1968, and that in (my) (see) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death

DR. LESLIE MILES

23b. DATE

J. R. DURST, FROSTBURG, MD.

DEC.

ATTENDING

22e. ADDRESS

PHYS

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

21532

MERCER CITIZENS

MED. DIRECTOR

2Sg. REC'D BY REGISTRAR

16754 2b. HOUR 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 NRS. last birthdoy) NOURS 12b. KIND OF BUSINESS OR 13e STREET AND NUMBER 179 E. MAIN STREET Last HORNE BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County State 22c. DATE SIGNED LONACONING. MD. 23d. LOCATION (City or Town) (County) (State) MERCER. PA. 2Sb. REGISTRAR'S SIGNATURE 1968

VR A15 (4) 30M REV. 1/68

directar, shauld be

22b. SIGNATURE

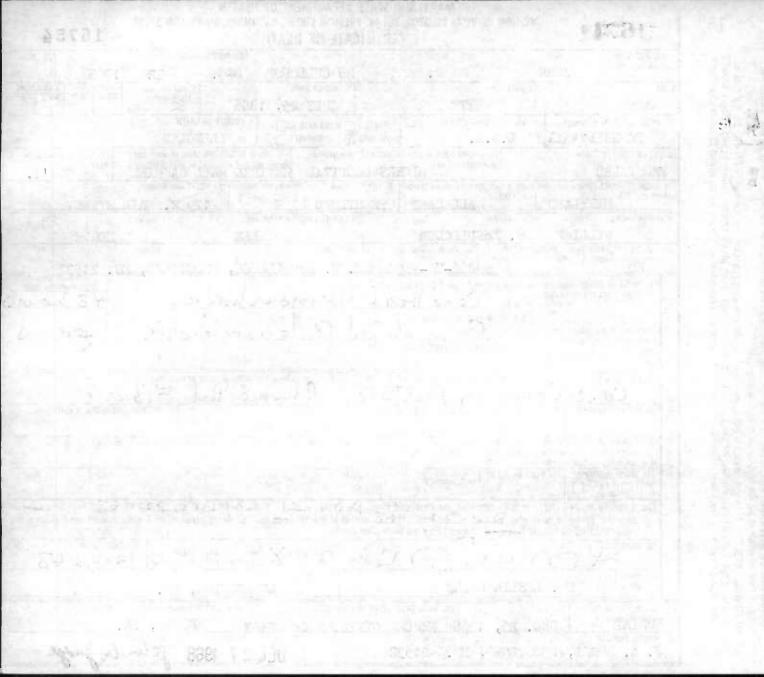
22d. PHYSICIAN'S

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

BEHOVAL (Specify)

NAME (Type)



MARYLAND STATE DEPARTMENT OF HEALTH

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16.122					
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## MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201

This is in our	AHAL KECOK	DS, SUL W. PKES	ION SIKEEL, DAL	HMOKE, MAKILA
	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

		WEDIC	AL EXAM	IINFK.2	EKTIFICAT	E UF DE	AIH		101	56
1. DECEASED-NAME			Midd		Last		20	DATE KNOWN MO	nth Doy Y	eor 2b. HOUR
(Type or Print)	Jean's	re	Thelm	na	McKeir	ier		DEATH MATED DE	c. 21, 296	518 2:40 at
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years	MONTHS DAY		24 HRS 2c	. DATE PRONOUNCED DEAL	D	2d. HOUR
Female.	White	Aug. 1.	1939	29 YR	MONTHS DAYS	HOURS	min	Nonth December 2	1. 6984	8 2:40a N
7a. BIRTHPLACE (St		. CITIZEN OF WH	AT COUNTRY?	8. M	ARRIED NEVER	MARRIED [		Y OF DEATH		
country) Pen	na.	U. S. A				IVORCED 🔲		Allegany		M
10. CITY OR TOWN		11. N/	AME OF HOSPITA	L OR INSTITUTION	ON (If nat in haspi	tal 12a. U	SUAL OCCUP	PATION (Kind of work do	ine 12b. KIND (	OF BUSINESS OR
Cumber		give s	ACRED H	FART H	OSP. DOA	Flore	sewi x	orking life, even if retire	d.) Resta	aurant.
13a. USUAL RESIDE	NCE (Where deceose	d lived, if institu	itian: Residence	before 13c. CIT	TY OR TOWN	13d. INSIDE CITY I	LIMITS? 13	e. STREET AND NUMBER		
admission) SIA	TE Maryland	13b. COUNTY	Allegan	y Cumb	berland,	YES N	10 🛛 2	205 Sunset 1	Drive,	
14. FATHER'S NAME	First	Middle		Last	15. MOTHER'S A			Middle		Last
	James	-	Rhi	nehart			Freda		ŀ	Parks
160. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16b. SOCIAL SECT		17. INFORMANT	- 15TV	0.5	ADDRESS		21502
(Tex no, or unkn	own) (If yes give w	or dates at service)	272-36	-3081	L. Karl	McKein	vier,	205 Sunset	Dr. Cun	nb. Md.
18. CAUSE	OF DEATH (Enter only	ane cause per li	ne far (a), (b), a	and (c).)						OXIMATE INTERVAL IN ONSET AND DEATH
PART I.	DEATH WAS CAUSED	BY: E CAUSE (a)		ASPI	HYXIATIO.	N				Vinutes
950	20		AS A CONSEQUE							
	fany, which gave ediate cause (a),	(b)		CAR	BON NONO.	XIDE PO	DISON	ING		11
	underlying cause		AS A CONSEQUE				1			
last.	)	(c)		(AU	TO EXHAU	STSU	ICIDE	)		
PART 2. OTHE	R SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	D TO THE TERMINA	L DISEASE OR (	CONDITION (	GIVEN IN PART 1(a)		
z 9/-	3/									
19a. DATE OF	OPERATION		19b. CONDITION WAS PERF		PERATION				20. Al	UTOPSY?
RIIFI				1907						ES NO
	L CAUSE WAS OR CONTRIBUTING		INJURY Manth, D	ay, Year	21c. HOW INJURY	OCCURRED (En	nter nature o	of injury in Part 1 or Part	2, Item 18.)	
E CAUSE OF DE	ATH	P.:	M.	19					539733	
210. 11301.		ACE OF INJURY (, ary, affice buildin		street,	21f. LOCATION Str	eet ar R.F.D. No.		City or Town	Caunty	State
AT WORK		ary, white bollon	9, 010.7					In Allerda		12.
22a.	I certify that I to	ak charge af t	he remains de	escribed aba	ve, held an Ai	utapsy,	Inspe	ctian X, Inquiry	( and	in my apinia
death	resulted fram:	Natural caus	ses , A	ccident,	Suicide 🔀	, Hamicid	de 🔲,	Undetermined man	ner 🗌	
	0	٠,	Un -			CHIEF MEDICAL				
ACTUAL SIGNATURE	Denes	lect x	Sketa	reli	M.D.	ASSISTANT MED	ICAL EXAMIN	VER 22b. 8	DATE SIGNED	
EXAMINER'						DEPUTY MEDICA	AL EXAMINER	N DECEMB	ER 21 1	2968
NAME (Type	e) BENEUIC	I SKITA	RELIC,	M.V.		ADDRESS(Street	, city, tawn,	or COVEMBERLA	ND MARY	LAND
23a. BURIAL, CREA	MATION, 23b. I	DATE	23c. NA	ME OF CEMETER	RY OR CREMATORY	4	23d. LC	ashington,	(Caunty)	(State)
Cremat		123/68	tori	Linco	en Crema	tory,	(0)	asningzon,		D. C.
24. FUNERAL DIRE	CTOR	202 2		ADDRESS	. 0 1	25 DE C	D BY REGIST	1968 25b gelistr	AR'S SIGNATURE	
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VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16757 CERTIFICATE OF DEATH 20 DATE OF DEATH 68 IRVIN Middle MER I CA ond 2 deoth. within 24 haurs after deoth (Type or print) completely filled in by the funeral 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthdoy) MALE WHITE 1-28-1927 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED COUNTRY AKKEGANY U.S.A. WIDOWED [ DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY ALLEGANY CUMBERLANDYES 828 LAFAYETTE and in any be exe 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME BAKER JOHN MERICA ESSIE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, na, ar unknawn) (lÉyes give war at dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address PHYSICIAN: The law requires that the death certificate Yes, na, ar unknawn) Mrs. June Merica, Cumberland, Md.-Wife signed by the oftending phy buriol-tronsit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO P Inne 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED
While Not while at work of work ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Tawn County Stote 22a. I certify that (I) (this haspital) attended the deceased from //ar.20, 1968, ta Dec. 8, 1968, that (I) (we) last saw the deceased alive an Dec. 8, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE. 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. director, poge 3 should be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. C.Y. HADIDIAN CUMBERLAND, MD. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL CREMATION. Mt. Herman Cemetery BUREMOVALT Specify) Dec.10,1968 Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR James F. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Scarpelli, Cumberland, Md. DATEDEC 1 3 1968

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORI

OS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1	6	1 10	5	
CERTIFICATE OF DEATH					-

	2019	O			ERTIFICA	ATE OF	DEATH				
	ECEASED-NAME	First	45	Middle		Last		2a. DATE OF DE			2b. HOURA
(	Type ar print)	FRANCI:	S	J.	MIC	CHAELS			Manth   2 Da	18 Year 68	5:07M
3. 5	EX		4. RACE		1	S. DATE OF E	BIRTH	6	. AGE (In years		IF UNDER 24 HRS.
	MAI	LE		WHITE		06-1	8-00		last birthday) YRS.	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (State of	r foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA	RRIED 9.	COUNTY OF DE	EATH		
COU	MARYLA	AND	U.S.		WIDOWED	DIVO		LLEGAN'	Y COUNTY	,	Md.
10.	CITY OR TOWN OF D	EATH	11. N	AME OF HOSPITAL OR INS	TITUTION (If na	t in haspital			ind af wark dane	12b. KIND OF B	USINESS OR
	CUMBER			CRED HEART	HOSP17	<b>TAL</b>	during mast	at warking life	e, even if retired.)	CELANE	ESE COR
	insignal CTATE		ed lived, if institut	tian: Residence befare	13c. CITY OR 1		13d. INSIDE CITY LIMITS		T AND NUMBER		
uun	MA	ARYLANI	) ISO. COUNTA	LLEGANY	DIMBER	RLAND	YES NO	531	DILLEY S	STREET	
14.	FATHER'S NAME	First	Middle	Last			AIDEN NAME First		Middle		Last
		SEPH		MICHAI			IN) ANNI	E		MICHAE	
160	( WAS DECEASED EVE Yes, na, ar unknawn)	R IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY N		FORMANT			Address	MD. 21	
	NO		·····	214-07-3	010 SAC	RED H	EART HOS	PITAL,	900 SET		
				ne far (a), (b), and (c).)			0 /				ATE INTERVAL SET AND DEATH
	PARI I. DEAIR	WAS CAUSED IMMEDIA	TE CAUSE (a)	Paule	Mujoc	adia	I dupue	cleri			
	4109		DUE TO, OR	AS A CONSEQUENCE OF		weels	- 0				
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	stating the under		DUE TO, OR	AS A CONSEQUENCE OF	0						
	last.	)	(c)								
	PART 2. OTHER SIG	INIFICANT CON	DITIONS CONTRIBL	ITING TO DEATH BUT NO	T RELATED TO	THE TERMINA	AL DISEASE OR CONI	DITION GIVEN II	N PART 1(a)		
NO	9201 Cu	nheris	1 0		1						
MEDICAL CERTIFICATION	19a. DATE OF OPERA	TION 19b.	CONDITION FOR WI	IICH OPERATION WAS PER	FORMED	20a. AUT		CAUSES O		CONSIDERED IN CER	<b>EXTIFYING</b>
ERTIF	DI - ACCIDENT IN	C HAIDEN VIA	C Ton Time 0	F INNIBY	102 (10)	YES	_				
AL C	21a. ACCIDENT WA			Manth Day Year	21c. HO	N INJURY OC	.CURRED (Enter no	ature at injury i	in Part I ar Part 2,	Item 18.)	
EDIC	(If either, natify m	edical examin	er) P.M.	19							
2	21d. INJURY OCCU While Not whi	RRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOC	.ATION Stre	et ar R.F.D. Na.	City ar	Tawn	County	State
	at wark at war	k —	1	1.54	17 (0)	77	10 7 9		. 19	122 11 1	(1) ( ) (
	22a. I certity i	that (I) (thi	s haspital) att	ended the decease	d fram	that in In	, 19 <u>#8</u>	, Id_essee	urrod an the d	oto and hour a	(I) (****) last
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	22b. SIGNATURE	2		/						DATE SIGNED	,
	C	Louis	ee Ni	mous o	u · D DEGRE	E PHYS.	ING MED.		PHYS.   12	2/20/60	8
	22d. PHYSICIAN'S	0).		5 W.	aut	22e. AD	DRESS (	) ~ ~	,		
	NAME (Type)	Cla	rence	J. VINC	enc.	de	lon &	nue	>		
23a	BURIAL, CREMATION	l, 23b. [	ATE	, 23c. NAME OF C			00 2	3d. LOCATION	(City or Town)	(County)	(State)
_	MOYAL (Specify)	12	120/68	Suns	er m	nemo.	rh.	(um	berlas	el 11	12.
	FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D BY R		25b. REGISTRAR'S	24.7	
IST	EIN FUNE	RAL HON	4E. 117	FREDERICK :	SI., Cl	JMB	MODEC 2	3 1968	Ollem	Fa ()	•

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in My the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at VR A15 (4) 30M REV. 1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within Poge 4 may be retained by the hospital or attending physician.

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STELL FUNERAL HOLE, 137 FREDERICK ST., CUMB., NO.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth.

Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours a

	16	747			ERTIFICA	ATE OF DEAT	TH			1010	U
Ī	. DECEASED-NAME (Type or print)	First BESS	IE	Middle		AILLER	20.	DATE OF DEAT	Manth 28	83	26. HOUR 1:45PM
3	FEMALE		4. RACE WHIT	E		11-2-9	1	6. A	GE (In years st. birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7	a. BIRTHPLACE (State country) MARYLA	ar foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. <b>COU</b>	ALLE	GANY		Md
0	CUMBER	LAND	give s		HOSPI'	TAL duri	HOUSE	warking life, e	d of work dane even if retired.)	12b. KIND OF I	BUSINESS OR
1 0	3a. USUAL RESIDENCE dmissian) STATE	(Where deceosed	lived, if instituti	en: Residence before	CUMB	ERLANDYES X	NO NO			L VAN I A	AVE.
	4. FATHER'S NAME	DAVID	Middle S	MAN Last	N	MOTHER'S MAIDEN NA	MAR Y	1	Middle E	С	REEK
	Yes, na, ar unknawr		D FORCES? or dates of service)	16b. SOCIAL SECURITY I	NO. 17. IN	FORMANT MEMORIAL	HOSP	ITAL	CUMB	ERLAND	, MD .
	PART 1. DEA  / 8 8 > Conditions, if on rise to immedic stating the und last.	γ, which gave ) ite cause (o),(	DUE TO, OR A	S A CONSEQUENCE OF	nome	c - /ila	idden			appro	1141
X	= 1810							20b. IF YES, WERE FINDINGS CONSIDI			RTIFYING
	☐ OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year	19						
	While Not w	hile ork	- 200	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		ATION Street ar R.F.	D. No.	City or To	1 1	County	State
	couses s	deceosed oli toted obove,	ve on (1) (we) (did)	nded the deceose 2 2 8 2 1 did not) view the	9, ond body ofter d	that in (my) (our eoth.			red on the do	ote ond hour o	ond from the
	22b. SIGNATURE	Wetter 1/- Junile DEGREE PHYS. DIRECTOR DIRECTOR 12/31/68.									8.
1	22d. PHYSICIAN'S NAME (Type		W. A.	HIMMLER		22e. ADDRESS CUMB	ERLAN	ID, MD.			
9	30. BURIAL, CREMATI	Dec	.31,196	23c. NAME OF Fairvi	ew Cem	etery	Ne		emas,		(State)
1	James F.	Scarpel	li, Cum	ADDRESS berland,	Md.	2Sa. RI	EC'D BY REGI	STRAR 18	25b REGISTRANS	SIGNATURE	noge

DATE

VR A15 (4) 30M REV. 1/68

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CE	KIIFIC	AIE OF DEATH				
	(Ty	TEASED-NAME First pe or print) JOHN		)	Lost MINKE	2o. DATE OF	12 Month 9a	00	2b. HOUR 2:55P
3.	SEX	MALE	4. RACE WHITE		5. DATE OF BIRTH . 8-27-03		6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	o. Bl		USA	WIDOWED	DIVORCED _	9. COUNTY OF ALLEGA			Mo
2	CI	TY OR TOWN OF DEATH  JMBERLAND	11. NAME OF HOSPITAL OR INSTIT give street address HEART	HOSP	ITAL during SW		(Kind of work done if pool if resired) POOL OWNE	12b. KIND OF INDUSTRY SELF	BUSINESS OR EMPLOYE
13	Ba. l dmis	JSUAL RESIDENCE (Where deceosed sion) STATE MARYLAND	d lived, if institution: Residence before 1 13b. COUNTY ALLEGANY	CUMB	ERLAND YES NO		EET AND NUMBER 44, BOX 40	15	
1		MIKE) MICHAEL			S. MOTHER'S MAIDEN NAME FII EL	IZABETH			lost NKE
		WAS DECEASED EVER IN U.S. ARMED	D FORCES? or dates of service) 16b. SOCIAL SECURITY NO. 214-32-34		NFORMANT HOSPITAL RECO		RED HEART DO SETON D	RIVE, C	
		1909	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NOT  DIDITION FOR WHICH OPERATION WAS PERFO		20a. AUTOPSY?	20b. IF	IN PART 1(a)  YES, WERE FINDINGS (OF DEATH?	, 0,	ERTIFYING
	MEDICAL	While Nat while at work	HOUR A.M. Month Day Year P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	RY.) 21f. LO	OW INJURY OCCURRED (Enter	City	or Town	Caunty	State
		22a. I certify that (I) (this saw the deceased alive	haspital) attended the deceased ve on 19/19/19/19/19/19/19/19/19/19/19/19/19/1	from, on ady after DEGR	death.  ATTENDING ME	ion deoth o		DATE SIGNED	(II) (we) la and fram th
7		22d. PHYSTCIAN'S DR. F.  BURIAL, CREMATION, 23b. DA	MILTENBERGER  ATE   23c. NAME OF CE.	METERY OR			RE ST., CL		
	F	PROPERTY Dec	.12,1968 SS.Pete	er &	Paul Cemeter	y Cum	berland,	SIGNATURE	y,Md.
8		SCARPELLI FUNER	AL MARK 108 VA.	AVE.	MD. 2 MEC	1 6 196		les Jud	ge

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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30.	USUAL RESIDENCE (	Where decease	lived, if instituti	on: Residence before		OR TOWN	13d. INSIDE CITY	-		T AND NUMBER		-	
dm	oission) STATE MA	RYLAND	13b. COUNTY	LLEGANY	FRO:	STBURG	YES N	NO 🗌	104	FROST AN	ENU	JE	
4.	FATHER'S NAME	First	Middle	Last	-	IS. MOTHER'S	MAIDEN NAME	First		Middle			Lost
		JOHN	S.	PRITCH	IARD	ORR		MARY				PR	IT ARD
	. WAS DECEASED EVE Yes, no, or unknown)		D FORCES? or dotes of service)	16b. SOCIAL SECURITY I		7. INFORMANT			90	O SETON	DRI	VE.	MB .MD
_	NO			298-03-63	60	SACRED	HEART	HOSE	PITA	L RECORD	S		
	18. CAUSE OF DE	ATH (Enter only	one couse per lin	e for (o), (b), ond (c).	)						,		IMATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSED	BY: E CAUSE (o)	otropereto	real	Sare	ome	wie	to	general	- Rec	9	
	1580	)		S A CONSEQUENCE OF			minas			pleur		12.27	
	Canditians, if any,	which gave		o // consequence of		0000	17.5000	meto	· Li	ices	1		
	rise ta immediat		(b)	S A CONSEQUENCE OF							-		
	stoting the under	lying cause	DOL TO, OK A	3 A CONSEQUENCE OF									
		CHIEFCANT COND	(c)	THE TO DEATH BUT AN	OT DELIVED	TO THE TENAN	AL Discuss On	COURTE	0.0100				
	PART Z. OTHER SIG	SNIFICANT COND	ILION2 CONTRIBUT	ING TO DEATH BUT NO	UI KELAIED	TO THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN	N PART I(a)			
ON	1000	1101 6											
CERTIFICATION	19a. DATE OF OPERA	ATION 19b. CC	NUTTION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AU1		20	Ob. IF YE	S, WERE FINDINGS	CONSID	ERED IN C	ERTIFYING
KII						YES [c				F DEATH? Ye			
	21a. ACCIDENT WA				21c.	HOW INJURY O	CCURRED (Ente	er nature of	f injury i	n Part 1 af Part :	, Item	18.)	
MEDICAL	OR CONTRIBUTING			Manth Day Year	,								
ME	21d. INJURY OCCU	RRED 21e. P		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Str	eet or R.F.D. No	0.	City ar	Tawn	Ca	unty	State
	While Not who	k		orres outsino, ere.									
	22a. I certify	that (I) (this	hospital) ofte	nded the decease	d from_	12- 16	, 19.0	58, to	1_ /2	2-19	9 6	& that	(1) (wet las
	saw the c	deceased aliv	/e on /2	- 19	968.0	and that in (r	ny) (our) op	oinion ded	ath occ	urred on the	late a	nd hour	and from the
	couses st	ated above,	(I) (we) (did) (	did not) view the l	bady afte	er death.							
	22b. SIGNATURE	0	14	-0 2	1	ATTEND	INC _	MED.				SIGNED	
	ala	drew	Ma	sice 1	7. 1) DE	GREE PHYS.		DIRECTOR	D 9	PHYS.	12-	19-6	.8
	22d. PHYSICIAN'S NAME (Type)	ANDROW	STASKO	M.D.		22e. AD	DRESS 401	DECAT	TUR 9	ST., CUM	RER	LAND	MD
2-					CrascTPDV (	Vacritina as							
aa.	BURIAL, CREMATION NEMOVAL (Specify)		-10-68	23c, NAME OF	LEMETERY (	JK CREMATORY		23d. 10	STBL	(City or Town) URG, ALL	E GAI	NY M	(Stote)
4	FUNERAL DIRECTOR	0.0	. D. o	N N N N	stbu	THETHOT	ial Par	L.K				•	
**	John J.	11011	In 2da	* '			25a. PECD	C 2 3	196	8 Octi	3 3169	Ly Que	det'
	a Offith a.	namer.	Jr. 230	Balto Ave	. Cur	nberlan	THE -	1- 37		f		0	A

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death

within 24 hours a

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be ex

Page 4 may be retoined by the hospital ar attending physician.

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	1 7	00-25-27	3T1H1/	FEMALE
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grive, dugio.	HOSPIT L RECEN	S SYCKED HERKT	235-03-6360	Ю

AHUROV STASKO, M.O.

00-01-01

FRUST UNE, ALLEGONY, . 1.

TOT DECOTOR T., CU. CELL 1, .....

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hours after death

any delay is 2, and 3 to PM3. Page

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2.

Health prior to buriol, cremotion, or removal, and in any event within 72

This certificate should be executed within 24 hours ofter death

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16764

	" "T' CO "		MEDICA	L EXAM	MINER'S	CERTIFI	CATE	OF DE	ATH					
	DECEASED-NAME	First		Mid			Lost				WN X Month	Doy	Yeor	2b. HOUR
	(Type or Print)	MARY	JA	LNE		MOV	JEN .			OF ES DEATH MA	TED Dec	. 25	1196	8 7am
3.	SEX	4. RACE	S. DATE OF BIRTH	44.100	6. AGE (In yea	rs IF UNDI	R 1 YEAR	IF UNDER 2		2c. DATE PROM	OUNCED DEAD			2d. HOUR
	FEMALE	WHITE	JAN 16.	1886	82 Y	RS. MONTHS	OAYS	HOURS	MIN.	Decem	ber 25	5.198	8 7	30aM
7a.	BIRTHPLACE (Sto	te or foreign 7b	. CITIZEN OF WHAT	COUNTRY?		MARRIED T	NEVER MAR	RIED	9. COU	NTY OF DEATH				
COU	ntry)RHODE	ISLAND	USA			IDOWED 🗍		RCED 🗌	1	ALLEGAN	TV.			Md
10.	CITY OR TOWN C	OF DEATH	11. NAME	OF HOSPIT	AL OR INSTITUT	ION (If not in	hospital		SUAL OCC	CUPATION (Kine	of work done		D OF BUSI	
R	FD# 2 F	LINTSTONE	MD. give stree	et oddress)	AT HO	ME		during	most of	working life	USEWIFE	INDUSTR	OUSEW	THE.
130	. USUAL RESIDEN	ICE (Where deceased	lived, if institutio	n: Residenc			130	I. INSIDE CITY L		13e. STREET AN		-	JODEN	
-	odmission) STAT	E MARYLAND	13b. COUNTY	CGANY	RFD#	2FLII	TSTO	ME IN	0 74	RFD# 2	BOX #1	53		
	FATHER'S NAME	First	Middle		Lost		HER'S MAIL		First		Middle		Lost	
	H	ENRY	KIDD	SI	PENCE			CA	THE	RINE		F	TODD	
160	. WAS DECEASED E	VER IN U.S. ARMED FO		b. SOCIAL SE		17. INFORM	LANT	11111111			ADDRESS		CODE	
(	Yes no, or unkno	WIT) (If yes give wo	er or dates of service)	NON	VIE .	WILE	BERT	L. MO	WEN	RFD#2	FLINTST	ONE 1	MD. P	COXT 5
	IR CAUSE O	F DEATH (Enter only	one couse per line									1	APPROXIMATE TWEEN ONSET	INTERVAL
		DEATH MILE CALLERY				VARY	occ	LUSI	ON				SUDDI	
	410		DUF TO OR AS	A CONSEQU	IENCE OF	12 42 0 3.	000	LODE,	LOIN	2000	0.000			CAIN
		ony, which gove	DUE TO, OR AS	A CONSEQU	COR	ONARY	SC	LERC	SIS					TO THE
		diote couse (o), (	(b) DUE TO, OR AS											
	last.	inderrying coose	(1)											
	PART 2 OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH	BUT NOT RELAT	ED TO THE TE	RMINAL DI	SEASE OR C	ONDITIO	N GIVEN IN PAI	PT 1(a)			
	420										., .(0)			
CERTIFICATION	190. DATE OF		19	b. CONDITIO	N FOR WHICH	OPERATION						20	. AUTOPSY	?
FICA			1000000	WAS PER	FORMED?								YES 🗍	NO X
CERT	210. EXTERNAL	CAUSE WAS	21b. TIME OF INJ	URY Month,	Doy, Yeor	21c. HOW I	NJURY OC	CURRED (En:	ter notur	e of injury in I	Port 1 or Port 2,	Item 18.)		
MEDICAL	PRIMARY CAUSE OF DEA	OR CONTRIBUTING	HOUR A.M. P.M.		19									
MED	21d. INJURY O	CCURRED 21e. PL	ACE OF INJURY (At I	nome, form,		21f. LOCATI	ON Street of	or R.F.D. No.		City or To	wn	Count	Y	Stote
	WHILE AT WORK		ory, office building, o	etc.)										
		certify that I tac	ak charge of the	ramains (	doscribad ab	ave held a	n Auto	061/	Inc	pectian X	Inquiry [	VI a	nd in m	y apinian
		esulted fram:						Hamicid	_		nined manne		na in in	y upiniun
	deum ii	esoned fruin:	Mainial canses	77	Accident []	, Suicide					inted munne	' '		
	ACTUAL .	12.	1.1	16-		/)		F MEDICAL			225 BA1	TE SIGNED		
	SIGNATURE	- Lynes	erch C	HULL	CHEK.		M.D. A551	ITY MEDICA	LEVAMIN	MINER D	cember		1968	2
3	NAME (Type)	Bene	dict Sk	itar	elic.	M.D.					nberla			
23	o. BURIAL, CREMA				IAME OF CEMETI						or Town)			tote)
	REMOVAL (Spe	cify)		. 40.				TO THE PERSON NAMED IN					100	
24	BURTA:	TOR	DEC 68	PL	ESANT G ADDRESS	ROVE_(	EMET	2So. REC'D	BY REG	ISTRAR I	T.TMTSTC 25b. REGISTRAR	S SIGNATU	ALEC-A	NY MI

VR A15ME (5) 10M REV. 1/68

LEE STLCOX LOL DECATER STREET COMBERTAND MD

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25b. REGISTRAR'S SIGNATURE

SB SChooles Judge-

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

.TO12	The state of the s			CERTIF	ICATE OF	DEATH			J	0765
1. DECEASED-NAME (Type or print)	First		Middle		Lost		2o. DATE	OF DEATH		2b. HOUR
(Type of pillit)	CLAR	ENCE	E.		NEIL	SON		Month 12	Doy 29 Year	68 5:08An
3. SEX		4. RACE			5. DATE OF I			6. AGE (In years	MONTHS - D	
MALE		WHITE			12-2	4-29		last dirthdoy)		PAYS HOURS MIN.
7o. BIRTHPLACE (Stote of country)		7b. CITIZEN OF	WHAT COUNTRY?	8. MARRII WIDOW	ED NEVER MA	RRIED	9. COUNTY	OF DEATH		
10. CITY OR TOWN OF D			NAME OF HOSPITAL OR IN:				L OCCUPATION	ON (Kind of work dor	e libaKIN	O BUSINESS OR
CUMBE	RLAND	gig	ACRED STHEAR	T HOS	PITAL			ng life, even if retired		APER MILL
130. USUAL RESIDENCE ( odmission) RIALE	Where deceose	d lived, if instit	tution: Residence before		OR TOWN	13d. INSIDE CITY LI	MITS? 13e.	STREET AND NUMBER RT. 1, BC	X 107	В
14. FATHER'S NAME MARSH	First	Middle	Lost NEILS	ON	IS. MOTHER'S A	AIDEN NAME F		Middle		WELLINGS
160. WAS DECEASED EVI Yes, no, or woknown)		ED FORCES? If or dates of service)	16b. SOCIAL SECURITY I		7. INFORMANT HOSPITA	L RECOR	RD 90	O SETON DE	R., CUM	BERLAND, ME
18. CAUSE OF DE PART I. DEAT	H WAS CAUSED	BY: 'E CAUSE (o)	line for (o), (b), ond (c).  R AS A CONSEQUENCE OF	iA					APF BETW	PROXIMATE INTERVAL EEN ONSET AND GEATH
Conditions, if ony rise to immediat stating the unde lost.	which gove)	(b)	N = P H  R AS A CONSEQUENCE OF	180	SCKE	ROS	25		3	SYRS
1146 X	GNIFICANT CONI	OITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE ORC	ONDITION GI	VEN IN PART 1(o)		
190. DATE OF OPERA	ATION 19b. C	ONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20o. AUT			IF YES, WERE FINDING SES OF DEATH?	S CONSIDERED I	IN CERTIFYING
OR CONTRIBUTING (If either, notify n	CAUSE OF OEATH	HOUR A.N						ijury in Port 1 or Port	2, Item 18.)	
21d. INJURY OCCU While Not wh at work of wor	ile 🗆		( AT HOME, EARM, STREET, FAC OFFICE BUILDING, ETC.					ty or Town	County	State
220. I certify saw the couses st	that (I) (t <del>his</del> deceased ali ated abave,	ve on(l) (we) (dia	ttended the decease 2 - 2 8 1 l) ( <del>did not)</del> view the	ed from_ 9 & , c bady afte	and that in (ner death.	19 <u>6</u> 1y) ( <del>our</del> ) api	nion death	n occurred on the	date ond ho	hat (I) ( <del>we</del> ) last our and fram the
22b. SIGNATURE	1	Zul	earl Gle	le DE		NG M M	IED.	STAFF 25	2c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)			CK, M. D.					ERLAND, MI	2150	2
230. BURIAL, CREMATION REMOVAL (Specify)	1/	1/196	9 Laure	l Hi	or crematory  11 Cem	etery	Mo	TION (City or Town)	(County)	(State) Md
24. FUNERAL DIRECTOR	EUREDA	N HOME	8 E. MAIN S	T T	COA SECULIO	2Sa. REC'D B	REGISTRAR	2Sb. REGISTRA		0.33
EICHHORN	FUNERA	AL HUME	O E. MAIN S	1 . , 13	or acon	HARONI	AP.	1969 400	carles &	MAGE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled to be director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours at VR A15 45M - J

24 hours offer death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within/

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 moy be retained by the hospitol or attending physician.

VR A15 V4

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			C	EKIIFI	CALE OF DE	AIH			2.0	. 0 1
1. DECEASED		irst	Middle		Lost	2a. I	DATE OF DEATH			2b. HOUR
(Type or	Print) REG	INALD	JOSEPH		O¹CONNOR		12 Mor	th 14 Day	68 <sup>Yeor</sup>	12:06
3. SEX		4. RACE			S. DATE OF BIRTH		6. AGE	(In years rthday)	IF UNDER 1 YEAR	
	MALE		WHITE		9-6-9	6	72	YRS.	MONINS DATE	HOURS MIN.
7o. BIRTHPLI	ACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	XX 9. COU	NTY OF DEATH			112
cuomity)	MARYLAND	US C		WIDOWE			ALLEGAN			Md.
	TOWN OF DEATH	11.	NAME OF HOSPITAL OR INST		not in hospitol		IPATION (Kind of			OF BUSINESS OR
	ERLAND		ACRED HEART				Brkinklife va		SH-TRU	ICK DRIVE
13o. USUAL	RESIDENCE (Where dec	ceosed lived, if insti		13c. CITY (	1100	ISIOE CITY LIMITS?	13e. STREET AND	NUMBER		
	ARYLAND		ALLEGANY		SAVAGE					
14. FATHER'S		Middle			1S. MOTHER'S MAIDEN			Middle		Last
	JOHN		O CONNO		SHAFFER	NU	RA.	E.		CONNOR
Yes, no. c	ECEASED EVER IN U.S. prunknown) (If yes g	ARMED FORCES? give war or dates of service)	218-16-4	1000	. INFORMANT	DECORDE		HEART		
-		V W - 1		DOA	HOSPITAL	KELUKUS	900 51	TUN UN		CUMB . ME
18. CA	USE OF DEATH (Enter	r only one cause per	line for (a), (b), and (c).)	HEAD	T FAILURE				BETWEEN	ONSET AND DEATH
	IMMEDIATE CAUSE (o)									
	Conditions, if any, which gave)  DUE TO, OR ARTERISCE PROTIC AND HYPERTENSIVE CVD  2 YEARS									
	rise to immediate cause (a), (b)									
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
_	OTHER CICNIFICANT	CONDITIONS CONTRI	DUTING TO DEATH BUT NO	T DELATED	TO THE TERMINAL DISE	TASE OP CONDITION	ON CIVEN IN PAR	T 1(a)		
44	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
≥ // 19a, DA	TE OF OPERATION I	19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		20b. IF YES, WE	RE FINDINGS CO	ONSIDERED IN	CERTIFYING
19a. DA					YES	NO TX	CAUSES OF DEAT			
21a. A	CCIDENT WAS UNDER	LYING 21b. TIME	OF INJURY	21c.	HOW INJURY OCCURRE		of injury in Par	1 or Part 2, 1	tem 18.)	
OR C	ONTRIBUTING CAUSE OF er, natify medical ex	DEATH HOUR A.I								
21d. I		21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f.	LOCATION Street or F	R.F.D. No.	City or Tawn		County	State
While at wark	ot work									
22a.	I certify that (I)	(this haspital) a	thended the deceased	tom_	12 = 2	, 1968	ta 12 =			at (I) (we) lost
	sow the deceased	d olive on	19		nd that in (my) (o	our) opinian o	leath accurre	d on the do	te ond hou	r ond from the
	causes stoted obove, (1) (we) (did) (did nat) view the bady after deoth.									
220. 31	22b. SIGNATURE 22b. SIGNATURE & BOLL BOLL BOLL BOLL BOLL BOLL BOLL BO									
22d P	HYSICIAN'S	gh 4. 16	Juli Will	DE	GREE PHYS.  22e. ADDRESS	DIRECTOR	PHYS.			
	IAME (Type) R.	W. BALLI	N, M.D.		6	2 GREEN	E ST., (	CUMBERL	AND, N	1D.
23a. BURIA	L CREMATION, 2	3b. DATE	23c. NAME OF C	EMETERY (	OR <del>CREMATO</del> RY	23d.	LOCATION (City of	r Town)	(County)	(State)
	/AL(Specify)	12-16-1	968 ST. F	PAT	RIGKS		MT. SA	VAGE	ALLEC	
24. FUNERA	L DIRECTOR	.0.01	ADDRESS	. 11	2Sa.	REC'D BY REGIS	STRAR 2Sb	REGISTRAR'S	SIGNATURE	
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	HT.SAYASE	JLLEG AMY	1 15. A. A. D.
MORA. E. O'COMMOR SICRED HEART HOSPITAL	SHAFFER	91 COM OR	UHOL
סתם כל היו האויב., כניו., זר	HOSPITAL REC		YES
2 48 545	HEART FAILURE	CONCESTIVE	
IVE CVD 2 YEARS	TIC AND HYPERTENS	ARTERISCLEI O	

R. T. BILLIA, 1.D.

12-14-5

22 SAEERE ST., CUMBERLAND, AD.

aer y rojo

22a. I certify that (I) (this haspital) attended the deceosed from 6-4-57., 19., to. Dec., 19.68, that (I) (was) lost saw the deceased alive on 19.68, and thot in (my) (304) apinian death accurred an the date and hour and from the couses stoted obove, (1) (see) (did) (did not) view the body ofter deoth.

> MED. DIRECTOR STAFF PHYS. 12-31-68 PHYS 22e. ADDRESS 133 Virginia Ave., Cumberland, Md.

> > 23d. LOCATION (City or Town)

23a. BURIAL, CREMATION, BEMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Dec.28,1968 Greenmount Cemetery

Scarpelli, Cumberland, Md.

NAME (Type) Dr.G. Overton Himmelwright

2Sq. REC'D BY REGISTRAR

**ATTENDING** 

DEGREE

Cumberland, Allegany, Md. 2Sb. REGISTRAR'S SIGNATURE ocharles

22c. DATE SIGNED

(County)

VR A15 (4)

directar, page 3 shauld should be filed with the

22b. SIGNATURE

22d. PHYSICIAN'S

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and the	bullundes Indiana Dilector	C. Amarino de la
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	7	6	9	

	TO	90	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATI	E OF DE	ATH			
	DECEASED-NAME (Type ar Print)	First WO	ODROW	Middle W.	OS BOURN	E	2a. DATE KN OF E DEATH MA		Doy Yeor 26 19 68	26. HOUR 2:30
	Male	4. RACE White	S. DATE OF BIRTH		YRS. MONTHS DAYS		HRS. 2c. DATE PRO	ec. Day 2	6 Year 1968	2d. HOUR
	BIRTHPLACE (State Intry) Maryl		b. CITIZEN OF WHAT COURS		MARRIED NEVER N	MARRIED	9. COUNTY OF DEATH			Mo
0	Cumber	land	give street		rginia A	ve during	UAL OCCUPATION (Kir most of working life Internation		126. KIND OF BUS HOUSTRY POSTAL I	
/ 130	o. USUAL RESIDENO admissian) STATE	CE (Where deceose Md •		Residence befare 13c. (  legany Cum	oberland	YES NO	TOO. STREET A	ND NUMBER irgin <b>i</b> a	Ave.	
		First ilton		Osbourne	IS. MOTHER'S M		rence		arton	
	WAS DECEASED EV Yes, no, or unknow	er in U.S. ARMED FO	ORCES? var or dates of service)	SOCIAL SECURITY NO.	Mts. Ag	atha C	sbourne,	Cumberl		
	1B. CAUSE OF PART I. D	EATH WAS CAUSED	y ane couse per line fo BY: TE CAUSE (a)	r (o), (b), ond (c).)	CORONARY	OCCLU	JSION		APPROXIMATE BETWEEN ONSET SUDDE	AND DEATH
	Canditions, if any, which gave rise to immediate couse (a).  Conditions of Coronary Thrombosis								11	
	stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     OST   CORONARY SCLEROSIS									
NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION	19a. DATE OF O		19b.	CONDITION FOR WHICH WAS PERFORMED?					20. AUTOPSY	7 NO 🛣
MEDICAL CE	CAUSE OF DEAT	R CONTRIBUTING [	HOUR A.M.	RY Month, Doγ, Year 19	21c. HOW INJURY	OCCURRED (Ent	er noture af injury in	Port 1 or Part 2, Ite	em 1B.)	
ME	21d. INJURY OCC		LACE OF INJURY (At hai tory, affice building, etc		21f. LOCATION Stree	et or R.F.D. No.	City or T	own	Caunty	Stote
		sulted from: Bense	Notural couses dicts	moins described ob Accident Accident itarelic, A	, Suicide ,	Homicide HIEF MEDICAL E SSISTANT MEDIC EPUTY MEDICAL	EXAMINER   AL EXAMINER	22b. DATE S	SIGNED	68
	g. BURIAL, CREMAT REMOVAL (Speci Burial	fy) Dec	DATE . 29,1968	23c. NAME OF CEMET	ery or crematory	ery	23d. LOCATION (Ci	ry or Town) and, Md.A	(County) (Si	tote)
24	FUNERAL DIRECT	F. Scar	pelli, Cu	mberland.		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAP'S S	SIGNATURE	142

VR A15ME (5)

TO DEPUTY

Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.

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E. Cadaria III., Consultant, N	

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the toneral director, page 3 should be detached for use as the burial-transit permit. Then please temave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaral, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having after death

Page 4 may be retained by the haspital ar attending physician.

DA

CERTIFICATE OF DEATH

					THE OF DEATH				
	Type or print)  BURLE	irst	Middle	Dr	Last	2a. DATE OF	Month 12	Year Year	2b. HOUR P
2 5			NM I		NNINGTON				68 11:59
3. S	MALE	4. RACE	WHITE		5. DATE OF BIRTH 03-08-92		6. AGE (In years last birtheay)	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WI	IAT COUNTRY?	8. MADDIED BY	NEVER MARRIED	9. COUNTY OF			
COU	ntry) WEST VIRGIN	VIA U.S	Α.	WIDOWED [	DIVORCED [		EGANY COUN	NTY,	Md.
10.	CITY OR TOWN OF DEATH	11. N	ME OF HOSPITAL OR INS	STITUTION (If not			(Kind of work dane		BUSINESS OR
	CUMBERLAND		Treet address) CRED HEART	HOSPIT	'AL   auring	COOK warking	life, even if retired.)	INDUSTRY	
13a. adm	USUAL RESIDENCE (Where decission) STATE MARYLA	AND 13b. COUNTYAL	on: Residence befare _LEGANY	13c. CITY OR 1			REET AND NUMBER  5 BALTIMOR	RE STREE	Т
	FATHER'S NAME First	Middle	Lost	115	MOTHER'S MAIDEN NAM		Middle		Lost
	NATHANI		BENNINGT				Flannin	9an PENN	
160	. WAS DECEASED EVER IN U.S.	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY I		FORMANT		Address	MD. 2	15 02
	res, negunknown) (If yes g	give war or dates of service)	215-20-6	160 SA	CRED HEART	HOSPITA	L, 900 SET	TON DR.,	CUMB.,
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		ne far (a), (b), ond (c). EFT VENTR	I CULAR	FAILURE			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	4/29 Canditions, if any, which gave )  DUE TO, OR AS A CONSCOURCE OF CORONARY HEART DISEASE  3 YEARS								
	rise to immediate cause (a), (stating the underlying cause last. (c)								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
Z	4201						_		
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM				RFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII CAUSES OF DEATH?			ERTIFYING	
DICAL CER	21a. ACCIDENT WAS UNDERI OR CONTRIBUTING CAUSE OF (If either, notify medical exc	DEATH HOUR A.M.	INJURY Month Day Yeor		V INJURY OCCURRED (E	nter nature of injur	y in Part 1 ar Part 2,	Item 18.)	
MEI	21d. INJURY OCCURRED 2 While Nat while at wark at wark	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street ar R.F.D.	Na. City	or Tawn	County	State
	22a. I certify that (I) (this hospital) ottended the deceased from 12 - 16, 19 68, ta 12 - 24 19 68, that (I) (we) lost saw the deceased alive an 12 - 24 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body ofter death.								
	22b. SIGNATURE Regard Bue DEGREE PHYS. DIRECTOR								
		BALLIN, M				E ST., CI	JMBERLAND,	MD. 21	502
23a.	PMOVAL (Specify)	12/28/6	8 Pleasa		REMATORY	23d. LOCATIO	N (City or Town)	(County)	(State)
24.	STEIN FUNERAL	HOME, 117	FREDERIC	< ST.,	_	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE CAL	de

DATE DEC 3 1 1968

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	DIRECTED AND ARREST STORY OF DEATH STATE S												
									6. AGE (In	years L	IF UNDER 1 YE	EAR II	F UNDER 24 HRS.
7a. 1	BIRTHPLACE (State	or foreign		T COUNTRY?						Month 12 Day 25 Year 68 7:55AM  GE (In years to birthdoy)  WAS.  MONTHS DAYS HOURS MIN.  MONTHS DAYS HOURS MIN.  MALE  Of work done  EXITAILED.  MIDDINE RS CO.  MAD NUMBER  ANNA ST.  MIDDINES ERS CO.  MIDDINE RS CO.  MIDDINE RS CO.  APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH  2 Lieus  ART 1(a)  WERE FINDINGS CONSIDERED IN CERTIFYING  EATH?  Part 1 or Part 2, Item 18.)  WIN County Stote  County Stote  EXITAIN MD.  GERLAND, MD.  Y ar Tawn) (County) (State)  URG, MD.  So. REGISTRARS SIGNATURE			
		MALE    A RACE   WHITE   S. DAIL OF BIRTH   10-19-15   S. GILD STORES   S. DAIL OF BIRTH   10-19-15   S. DAIL OF BIRTH   10-19											
13a. admi	USUAL RESIDENCE ission) STATE M	(Where decease	d lived, if institution 13b. COUNTY A	n: Residence before				IMITS? 13e.	STREET AND NI	IMBER ST.			
14. [	Country of Death   Country   Count												
	County of Death   County   County of Death   County   C												
	PART I. DEA 436 ( Conditions, if an rise to immedia stating the und	ITH WAS CAUSED IMMEDIAT  y, which gave te cause (o),	BY: TE CAUSE (a)  DUE TO, OR AS  (b)  DUE TO, OR AS	A CONSEQUENCE OF	,/	tens	מצו על	hite					
TIFICATION	334>					20a. AUT	OPSY?	20b.	IF YES, WERE I		NSIDERED I	IN CERT	TIFYING
	OR CONTRIBUTING (If either, notify 21d. INJURY OCC	CAUSE OF DEATH medical examine	HOUR A.M. P.M.	Manth Day Yeor 19 T HOME, FARM, STREET, FACT						or Part 2, It			Stote
	22o. I certify sow the couses s	that (I) (this	s haspital) otten ve on(I) (we) (did) (did)	ded the decease lid nat) view the b	ody after	death.	ING A	AED.	STAFF C				
	22d. PHYSICIAN'S NAME (Type		RINGS M.D.		DEG	22e. AD	DRESS					3-	us
24.	REMOVAL (Specify BUR LAT, FUNERAL DIRECTOR	DE	G. 28, 19	68 FBG.	MEMOR	IAL HO		FRO	STBURG	GISTRAR'S S	IGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages F and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haur's after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe Page 4 may be retained by the hospitol or attending physician.

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Sunset Memorial Park

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2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

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24. FUNERAL DIRECTOR

James F. Scarpelli

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## MARYLAND STATE DEPARTMENT OF HEALTH

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pag should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires thot the death certificate be executed with Poge 4 moy be retoined by the hospital or ottending physicion.

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24 bours after

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

(	ECEASED-NAME Type or print)	GERALD	Middle C •	RILEY		DECEMI	20	-	26. HOUR 4:35 м
3. S	MALE	4. RACE WHI	TE	S. DATE OF BI	1	901	ACE (In years last Hurhdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o.	BIRTHPLACE (Stote or foreigntry) MARYLA	ND U. S.A	4.		RRIED 9.	COUNTY OF DE	ATH N Y		Md
10. C	UMBERLAND		A milder and	OSPITAL	duringRules	Hound Full life	ind of work done (ACHINIS	12b. KIND OF	
13a. adm	USUAL RESIDENCE (Where or issian) STATE MARY	deceased lived, if institution: LAND3b. COUNTY A	Residence before	COMB EXTAN	YES NO	TS?   13e. STREE	TAND NUMBER	AYETTE	AVE.
	FATHER'S NAME First		RIL		Unknow	n	Middle		Last
	i. WAS DECEASED EVER IN U. Yes, no, organismown) (If ye	S. ARMED FORCES? es give wor or dates of service)	b. SOCIAL SECURITY NO	MEMORIA	L HOSP	ITAL,	CUMBERL	AND, M	D.
NO	arter	OUSE DUE TO, OR AS A  (c)  NT CONDITIONS CONTRIBUTANCE  OF CONTRIB	retic	Cerebro	Vas	cula	y de	Rla	K.O
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH		YES _	NO NO	CAUSES OF	``	_	EKTIFYING
MEDICAL CI	21a. ACCIDENT WAS UNDI OR CONTRIBUTING CAUSE (If either, natify medical	OF DEATH HOUR A.M. A P.M.	Manth Day Year 19	21c. HOW INJURY OCC			1		
W	saw the deceas	21e. PLACE OF INJURY (AT OFF	ed the deceased	fram /2/10/6	0 , 19	City or , to /2/2 ion death occ	1 /6 4, 19		(I) (we) lass
1	22b. SIGNATURE	ibave, (I) (we) (did) (di	d not) view the bo	ATTENDI			TAFF C	DATE SIGNED	115
-	22d. PHYSCIANT NAME (Type)	J. WILLIA	ims	11119.	MBERLAN		PHYS. U	2/0/	/ W
230	BURIAL, CREMATION,  REMOVAL (Specify)	23b. DATE Dec.31,1968		METERY OR CREMATORY est Burial	Park		(City or Town)	(County)	(Slote) Md.
24	CUNEDAL DIDECTOR	arpelli, Cun	ADDRESS aberland.	Md.	2So. REC'D BY		25b. REGISTRAR'S	SIGNATURE	edas

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in pencil in Item 18. Give Agges

This certificate shauld be executed within 24 haurs after death

DICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 CHH /

	TO	01	MEDIC	AL EXAMINER'S	CERTIFICATE OF DE	ATH		10114
	CEASED-NAME /pe or Print)	Firs Stan		Middle Gerant	Roberts on	OF ES	OWN Month	
3. SEX	, ,	4. RACE	-			DEATH MA	TED Vec.	28, 1968 10 pl
	lale	White	June 19	1900 Jasibirthday	MONTHS DAYS HOURS	ZC. DAIL INDI	NOUNCED DEAD Doy 28,	Yeor 19 68 2d. HOUR
	RTHPLACE (Stote		7b. CITIZEN OF WH	AT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
countr	Y) W. Vo	2.	u. S.	A. v	/IDOWED DIVORCED	Alle	gany	M
	ry or town of Cumberl		11. NA give s	AME OF HOSPITAL OR INSTITUT	100 (If not in hospital 120. U. Memorial 05 poduring	SUAL OCCUPATION (Kind	d of work done	12b. KIND OF BUSINESS OR NOUSTRY, W. Md. Rwy.
13o. U odn	JSUAL RESIDENC mission) STATE	E (Where deceo W. Va.	sed liked, if institu	ntion: Residence before 13c. (	dgeley. YES X N	IMITS? 13e. STREET AP		
14. FA	THER'S NAME	First Clark P. o. s	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	Middle	Lost
			N. Robe			Viola		Northcraft
		ER IN U.S. ARMED  (If yes give	FORCES? wer or dates of service)	16b. SOCIAL SECURITY NO. 705-10-7709	17. INFORMANT Mt. Lowell S.	Robertson	39 Block	Ridgeley, W. V er St.
		FATH WAS CAUSE	D BY-	ne for (o), (b), ond (c).)	minute contract	4	I Report	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1/100	IMMEDI	ATE CAUSE (a)		RONARY OCCLUSIO	N		SUDDEN
	Conditions, if a	ny, which gove	1	AS A CONSEQUENCE OF	ORONARY SCLEROS	37.5		
	rise to immedi stating the und last.	ote couse (o), derlying couse	(b) DUE TO, OR	AS A CONSEQUENCE OF			100.00	N. State
-	PART 2 OTHER S	IGNIFICANT COND	(c)	INC TO DEATH BUT NOT BELAT	ED TO THE TERMINAL DISEASE OR C	ONDITION CIVEN IN DAI	DT 1/a)	
1	42011	TOWN CANT COND	THORS CONTRIBUTE	NO TO DEATH BUT NOT KEEK	ED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PAI	(1 1(0)	
CERTIFICATION	190. DATE OF OI	PERATION		19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION			20. AUTOPSY? YES NO X
A	210. EXTERNAL C PRIMARY OF CAUSE OF DEATH	CONTRIBUTING [			21c. HOW INJURY OCCURRED (Ent	ter noture of injury in F	ort 1 or Port 2, Iter	
Jaw 2	21d. INJURY OCC	URRED 21e.	PLACE OF INJURY (A octory, office building	At home, form, street, g, etc.)	21f. LOCATION Street or R.F.D. No.	City or To	wn	County Stote
					ove, held on Autopsy ,		, Inquiry 🔀,	ond in my opinior
	deom le:	onied Holli:	MOTOTOT COUS	Accident			mied monner [	
	ACTUAL SIGNATURE	Ben	edict	Skitar	elecho ASSISTANT MEDI	CAL EXAMINER	22b. DATE SI	IGNED 12/28/68
	EXAMINER'S NAME (Type)	Bened	ict Skita	arelic, M. D.	ADDRESS(Street,	L EXAMINER X		erland, Md.
230.	BURIAL, CREMAT	()	DATE		RY OR CREMATORY			(County) (Stote)
_	REMOVAL (Specif		2/31/68		ge Cemetery,	nr. Oldt		
24. F	UNERAL DIRECTO			ADDRESS			2Sb. REGISTRAR'S SI	GNATURE
	H. Wa	yne Geo	rge Cumb	perland, Md.	DATE JA	N 2 1980	Ochon	Ja . Ouden

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5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Depar

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along w

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#### MADVIAND CTATE DEDADTMENT OF HEALTH

MAKILAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

167	63		CERTIF	ICATE OF	DEATH	,		1677	6
1. DECEASED-NAME (Type or print)	First MAR Y	Middle M ◆		ROS	S	20. DATE OF DEAT	H Hooth Bay	3 68	2b. HOURA
3. SEX FEMALE	4. RA	VHITE		S. DATE OF B			GE (In years this his year)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (Stote country)  MARY  10. CITY OR TOWN OF CUMBERL	LAND U. DEATH AND	ZEN OF WHAT COUNTRY?  S.A.  11. NAME OF HOSPITAL OR give street address AA	INSTITUTION (I	f nat in haspital	RCED   12a. USUAL during mos.	COUNTY OF DEAT ALLEGA OCCUPATION (Kind tof working life, tenance	d af wark dane even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE admission) WE'S T	Where deceased lived.	, if institution: Residence befor COUNTY		OR TOWN	YES NO		AND NUMBER		
14. FATHER'S NAME	First JOHN	Middle Last WAXL		IS. MOTHER'S N	AIDEN NAME Firs		Middle S.	LE	ASE
16o. WAS DECEASED EV Yes, no, or unknown	VER IN U.S. ARMED FOR (If yes give war or dates			VEMORI.	AL HOSE	PITAL	Address CUMBI	ERLAND	, MD.
4201	y, which gave attended to the cause (o), erlying cause	(b) A CONSEQUENCE (C) CONTRIBUTING TO DEATH BUT	OF )	TO THE TERMINA	AL DISEASE OR COM	NOITION GIVEN IN	PART 1(0)	Sy	
190. DATE OF OPEN	RATION 19b. CONDITIO	ON FOR WHICH OPERATION WAS	PERFORMED	20a. AUT		20b. IF YES, CAUSES OF I	WERE FINDINGS C DEATH?	ONSIDERED IN C	ERTIFYING
F DR CONTRIBUTING	medical examiner)	Ib. TIME OF INJURY OUR A.M. Manth Day Ye P.M.  F INJURY (AT HOME, FARM, STREET, DEFICE BUILDING, ETC.	or 19			city or To		County	State
22a. I certify	ork     thot (I) (this hosp deceased olive an	oitol) ottended the dece	19/2/ 6	ind that in (fi	, 19 <u>\$</u> ny) (our) opini	to 1 4	15, 19. rred on the do	that and hour	
22b. SIGNATURE	mple	SCHINDLER	DE	GREE PHYS.  22e. AD		ECTOR L PH	AFF ()	DATE SIGNED	666
23a. BURIAL, CREMATI	ON, 23b. DATE Y) Dec. 26	23c. NAME ( Hill	crest	OR CREMATORY Burial	Park	23d. LOCATION (Ci	ty or Town)		(Stote)
24. FUNERAL DIRECTO	Scarpell	i, Cumber lan	d, Md	. 1	DATE JAN		25b. REGISTRAR'S	SIGNATURE	del

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages—and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 NJ 30M REV. 1/88

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurrafter death. Page 4 may be retained by the haspital ar attending physician.

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FOR STATE HEALTH DEPT.

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after deoth iny delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your files. Health prior to burial, cremotion, or removal, and in ony event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH 1676 PIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16777

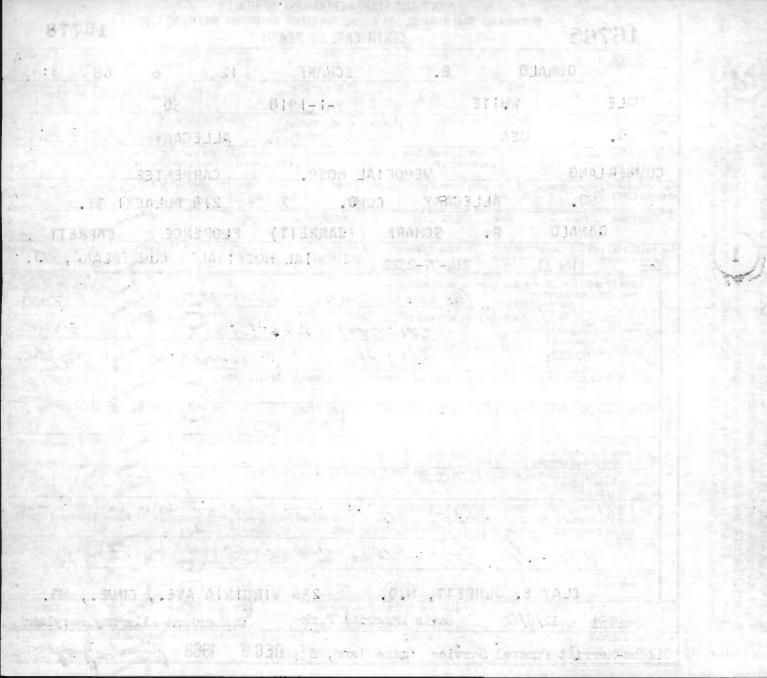
4										
	ECEASED-NAME Type or Print)	First John	Thon	iddle nas	Royer		2a. DATE KNOWN OF ESTI-		Day Year 2b. HOUR	
3. 5	EX 4. RAC	E C DATE	OF BIRTH	A AGE (In year	IF UNDER 1 YEAR	IF UNDER 24 HRS	DEATH MATED  2c. DATE PRONOU		2, 19687:00 M	
	lale wh	ite Apr	. 27, 191	0 58 y	(RS. DAYS	HOURS MIN			Year 19 687:15 M	
	BIRTHPLACE (Stote or for		OF WHAT COUNTRY?	8.	MARRIED NEVER MAI		OUNTY OF DEATH	4 1 1 1 1		
coun	Marylan Marylan	d u	. S. A.			RCED 🗌	Allegany		Md.	
R	to # 3 Cumb	perland	give street address)	Eastmo	10N (If not in hospital an Road	12a. USUAL during mon	OCCUPATION (Kind of t of working life, eve	wark dane 12 n if retired.)	26. KIND OF BUSINESS OR VOUSTRY Urchard Wkr.	
130.	USUAL RESIDENCE (Who	ere deceosed lived, i	f institution: Residen	ce before 13c. C		d. INSIDE CITY LIMITS?		NUMBER		
0	dmission) STATE May	ryland 13b. (0	Allegar	ry Cu	umberland,	YES NO	Eastman	Rd. Rt.	# 3	
14. F		First	Middle	Last	15. MOTHER'S MAIL	DEN NAME Fir	st	Middle	Last	
	Joh	in 7	homas	Royer		ESS	sie .		Cowgill	
	(ves. no. ar unknown)	.S. ARMED FORCES?	16b. SOCIAL S 234-24		17. INFORMANT Mrs. Sulv			our Bt.	Cumb. Md.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a).  Acute Pulmonary Edema							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Howis		
	Conditions, if any, which gove tise to immediate cause (a), (b) Cardiac Hypertrophy									
	stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF    ast.   Myocardial Infarctions							Old		
	PART 2. OTHER SIGNIFIC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
N	4201	1 25 10								
MEDICAL CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES X NO	
	21g. EXTERNAL CAUSE V PRIMARY OR CONTR CAUSE OF DEATH		TIME OF INJURY Manth TOUR A.M. P.M.	, Day, Year 19	21c. HOW INJURY OC	CURRED (Enter no	ature af injury in Part	1 ar Part 2, Item	1 18.)	
	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f. LOCATION Street at R.F.D. Na.  City at Tawn								County State	
13	22a. I certify	y that I toak charg	ge of the remains	described abo	ave, held an Auto	psy X,	Inspection X	Inquiry X,	and in my apinian	
	death resulted fram: Natural causes 💢 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner									
	ACTUAL SENEDICAL SKATCHELOS M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED									
	EXAMINER'S NAME (Type)	Benedict S	kitarelic	, M. D.	DEPI ADD	UTY MEDICAL EXA RESS(Street, city,	tawn, or county)	Rt. #	erland. Md.	
230.	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/6/68			ery or crematory Cemetery	23	3d. LOCATION (City or Paw Paw		county) (State) gan, (V. Va.	
24.	FUNERAL DIRECTOR	. Wayne Go	eorge Cun	ADDRESS nberland	d, Md.	DATE OEC BY		REGISTRAR'S SIG	GNATURE CONTROL OF THE PROPERTY OF THE PROPERT	

VR A15ME (5) 10M REV. 1/68

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	310 136	the state	Carizon	TOUR EN		

16765 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2g. DATE OF DEATH 2b. HOURA Month 6 (Type or print) DONALD B. SCHARF 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS T MALE WHITE 9-1-1918 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED 🔼 NEVER MARRIED country) MD. USA DIVORCED | ALLEGANY WIDOWED ( 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY **CUMBER LAND** CARPENTER 13e. STREET AND NUMBER MEMORIAL HOSP 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES MD. LEGANY NO T CUMB 214 PULASK 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First DONALD SCHARF BARRETT) FLORENCE BARRETT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT CUMBERLAND, MD. Yes, no, or unknown) MEMORIAL HOSPITAL 214-07-2322 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Clacini IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) ottended the deceosed from Horror, 1965 to 1965, that (I) (we) last saw the deceased alive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION. (Caunty) 12/8/68 REMONAL (Specify) Davis Memorial Park Cumberland Allegany Maryland **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATIDEC 9 1968 Silcox-Merritt Funeral Service Cumberland.Md



The second of th 62193 Dr.E.W.: 11thenberger, 100 (122 %. Caute St., Conterland, 18. interest V for 25, 1982 "Sugart before the large V farmant to the large of the larg E Belline Mark Market Service Belly

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16781

	1. DECEASED-NAME First		Middle	Last	2a. DATE OF DEATH	2b. HOUR
	(Type ar print) JOH	N	Т.	SPRIGGS	Manth 12 Do	28 Year 68 10:30
	3. SEX	4 RACE WH	ITE	5. DATE OF BIRTH 5-7-01	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI
	7o. BIRTHPLACE (State or foreign cauntry)  MARY LAND	7b. CITIZEN OF WHAT CO	MAKK	ED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH ALLEGANY	
3	10. CITY OR TOWN OF DEATH  CUMBERLAND	give street o			SUAL OCCUPATION (Kind of work done mast of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
1	13a. USUAL RESIDENCE (Where decea admissian) STATE MARYLAND	led lived, if institution: Re 13b. COUNTY ALLEG	ANY FL1	OR TOWN 13d. INSIDE CITYES YES	13e. STREET AND NUMBER NO None	
	14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
1	WILLIAM		SPRIGGS		KATHERINE	SPRIGGS
	16a. WAS DECEASED EVER IN U.S. ARI Yes, na, ar unknawn) (If yes give	or or dates of senuse)	8-12-1843	7. INFORMANT SACRED HEART	HOSP. RECORDS, CU	SETON DRIVE  MBERLAND, MD.  APPROXIMATE INTERVAL
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COL	DUE TO, OR AS A CC	ONSEQUENCE OF  O DEATH BUT NOT RELATED		RCONDITION GIVEN IN PART I(a)  20b. IF YES, WERE FINDINGS	BETWEEN ONSET AND DEATH  WE CONSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'	H HOUR A.M. Man	ry Year 19	7	CAUSES OF DEATH?  ter nature af injury in Part 1 ar Part 2,	Item 18.)
1	While Nat while at wark	PLACE OF INJURY (AT HOM OFFICE	AE, FARM, STREET, FACTORY.) 21	LOCATION Street or R.F.D. N		Caunty State
	22a. I certify that (1) (the saw the deceased of couses stated obove	ive on 78	Lice 1968	and that in trovi (our) a	pinion deoth accurred on the d	&S, that (1) (we) I ote and hour and from
	22b. SIGNATURE	Untes	ge Mos		MED. STAFF 22c. DIRECTOR PHYS. \( \sigma \)	DATE SIGNED
	22d. PHYSICIAN'S NAME (Type) F. W.	MILTENBERG			GRAND AVE., CUMBER	
		c.31,1968	23c. NAME OF CEMETERY Hillcrest	Burial Park	Cumberland, All	
8	James F. Scarp	elli Çumber	rland, Md.	2Sa. REC'D DATE JA	N 2 1969 25b. REGISTRAR'S	SIGNATURE LUCLOS

50	1.7		
-			

20 6810:30	12	SPRIGGS	<b>,</b> T	MHOL
	73	5-7-01	3T(H)/	XXXX NALE
	ALLEGANY	X	US 0F 4	MARYL NO
	TIRED HAIL CARRIER	HOSPITAL RE	SACRED HEART	CUMPERENT D
	ancil X	FLINTSTO!	ALLEGA Y	MARYLAND
SPRIGGS	KATHERINE	c. SU	SPRIG	1711114

376-12-1643 SIGRED HEART HOSP, RECORDS, CUIDERLAND, AD.

F. V. HILTER SERGER, MM.D

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201 BRAND AYE., CUISERLAND, ND.

22b. SIGNATURE

23a. BURIAL, CREMATION

REMOVAL (Specify)

1968

DEGREE

PHYS. 22e. ADDRESS

**ATTENDING** MED. DIRECTOR

MBERLAND. MD.

22c. DATE SIGNE

22d. PHYSICIAN'S NAME (Type)

DR. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Steele Cemetery 23d. LOCATION (City or Town) Lonaconing (County) (State) Md

24. FUNERAL DIRECTOR

George Eichhorn

Lonaconing, Md.

ORMER

2Sa. REC'D BY REGISTRAR DATEDEC 9

1968

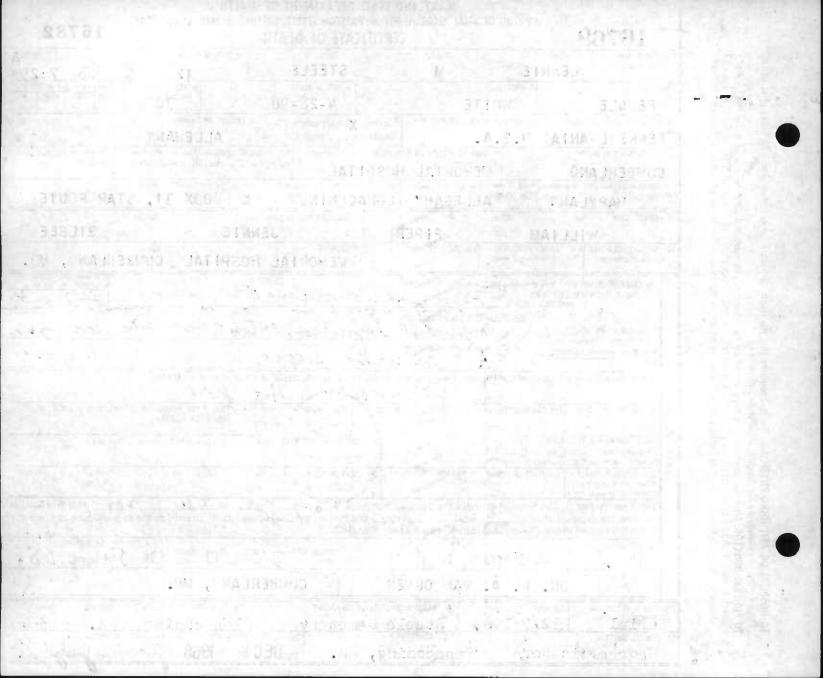
25b. REGISTRAR'S SIGNATURE

O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar directar, page 3 shauld be filed v 30M REV.

tor

24 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed



# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

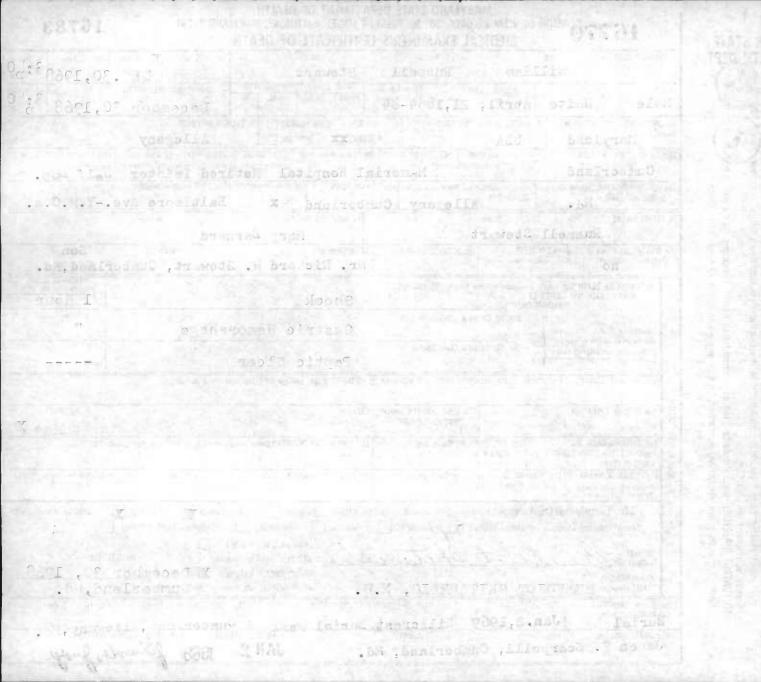
MARYLAND STATE DEPARTMENT OF HEALTH 16 PVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

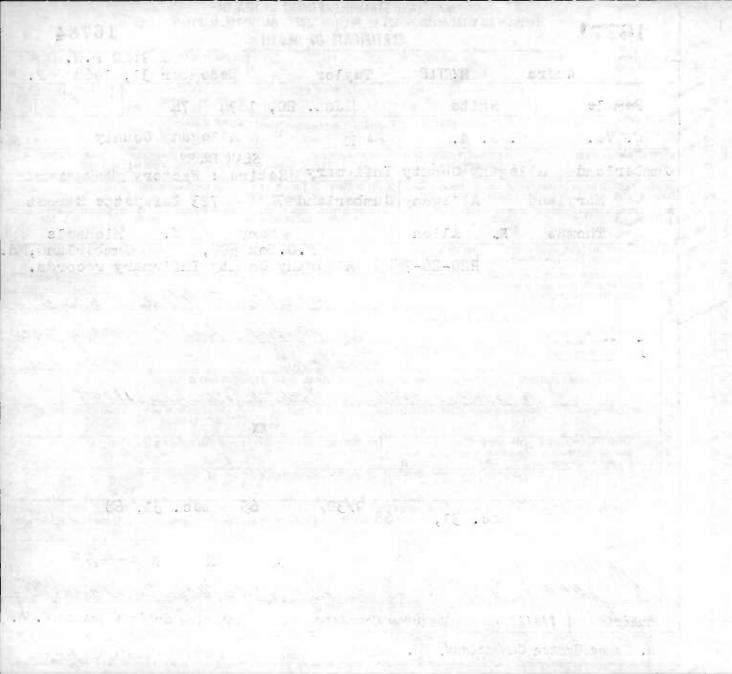
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So WAS DEASON FOR MILE   S. DATE OF BIRTH   21,108   4 -					Middle Russell		Stewart		OF ESTI-	2
Male   White   April	2 0	rv						IE LINDER 24 LIRE		
DESCRIPTION OF DEATH  Cum berland  O, CITY OR TOWN			The second secon							
DUTY   Maryland   USA										0,1968 754
Description of the property of				7b. CITIZEN OF WHA	AT COUNTRY? 8.	. M/	ARRIED NEVER MARR	RIED 🔲 🕴 9. CO	UNTY OF DEATH	
Cumberland  give street oddress) Memorial Hospital Retired Painter Retired Painter 30. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Allegany Cumberland YES NO Baltimore AveY.M.C.A.  L. FAHRES NAME First Middle Lost Is Mother Shadber NAME First Middle Lost Warsell Stewart Mary Barnard  50. WAS DECEASED FUER IN U.S. ARMED FORCES? (Yes, no. or uning) If the property of the painter only one course per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  FOR IMMODIAL CAUSE (o).  PART I. DEATH WAS CAUSED BY.  DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate course (o).  Stoling the underlying cause (b).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  PRIMARY TYPE OF THE THE TOWN TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  THE CONDITION OF THE TERMINAL DISEASE		mary		USA		WID	OWED DIVOR	CED 🔲	Allegany	A
30. USUAL RESIDENCE (Where decessed lived, if institutions residence before list. CITY OR TOWN   13b. COUNTY   1	10. (	ITY OR TOWN O	F DEATH						CCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
30. USUAL RESIDENCE (Where decessed lived, if institutions residence before   35c. CITY OR TOWN   13b. MOINT   13b. COUNTY   13b. Moile   15b. Moile		Cumber	rland	give st	reet address) Memo	ria	al Hospita	al Ret	it working lite, even if retired.)	Solf Emp.
A FAHRES NAME  Russell Stewart  Middle  Russell Stewart  Mary Barnard  M	13o.	USUAL RESIDEN	CE (Where deceas	ed lived, if institut	ion: Residence before	13c. CIT	OR TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET AND NUMBER	-BILL -MO.
L. FATHER'S NAME   First   Middle   Lost   Russell   Stewart   Russell   Stewart   Mary Barnard	0	dmission) STATE	Md.	13b. COUNTY	Allegany	Cun	berland	YES 😿 NO 🗌	Baltimore Ave	-Y-M-C-A-
Russell Stewart    Mary Barnard   ADDRESS   Son	14. F	ATHER'S NAME				0.00		N NAME First		
It   So CANS DECEASED EVER IN U.S. ARMED FORCES? (Tes, no, or Unknown)   It   So SOCIAL SECURITY NO.   IT   INFORMANT   Mr. Richard W. Stewart, Cumberland, Md.			Russell	Stewart						LUSI
Wr. Richard W. Stewart, Cumberland, Md.	160	WAS DECEASED EV					+	ary var		Con
B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   Shock   APPROXIMATE ENTRY AND CAUSE (D)   Shock   I Hour	()	es, no, or unknow	(If yes give		TOD. SOCIAL SECORITY NO			W bee		
PART   DEATH WAS CAUSED BY:   Shock	-	110					TH . RICHE	aru w.	scewart, cumbe	
Due to, or as a consequence of		1B. CAUSE OF	DEATH (Enter on	ly one couse per lin	e for (o), (b), ond (c).)					
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS PERFORMED?  21c. EXTERNAL CAUSE WAS P.M. 19  21d. NUMBY OCCURRED HOURAM.  P.M. 19  21d. INJURY OCCURRED OF ORDITION Street or R.F.D. No. (ity or Town) Country Stote or resulted from: Natural causes Accident . Suicide . Hamicide . Undetermined manner .  22c. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .  ACTUAL SIGNATURE SIGNATURE . 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER . 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER . DECEMBER 30, 1968  AMBIER (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or count/Jumberland, Md.  30. BURIAL (TERMATION, 23b. DATE . 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (Caunty) (State) . DATE		-2 3 C	IMMEDIA	ATE CAUSE (o)			Shock			1 Hour
Due to, or as a consequence of lest.   Countries to the mediate couse (o), stoting the underlying cause lest.   Countries to the mediate couse (o), stoting the underlying cause lest.   Countries to the mediate couse (o), stoting the underlying cause lest.   Countries to the terminal disease or condition given in part 1(o)		500	7		AS A CONSEQUENCE OF					
DUE TO, OR AS A CONSEQUENCE OF    Stoting the underlying cause		Canditions, if a	ony, which gove	(b)			Gastri	c Hemor	rrhage	11
Sot   Peptic Ulcer   Peptic Ulcer   Peptic Ulcer   Peptic Ulcer   Peptic Ulcer   Pertic Ulcer   Part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(o)   S 4 0 0   Part 2. Other significant conditions contributing   196. Condition for which operation   Was performed?   Yes   No   Part 2. Other significant cause was permanent   Permanen		station the us	liate couse (o), (		AS A CONSEQUENCE OF					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PART 1 (o)  190. DATE OF OPERATION  190. DATE OF OPERATION  191. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PART 2 (b)  HOUR A.M.  191. P.M.  192. DATE OF OPERATION  194. CONTRIBUTING PART 2 (b)  HOUR A.M.  195. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PART 2 (b)  HOUR A.M.  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PART 2 (b)  HOUR A.M.  197. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO PART 2 (b)  HOUR A.M.  197. DATE OF OPERATION  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO PART 2 (b)  HOUR A.M.  198. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PART 1 (c)  210. DATE OF OPERATION  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION OF PART 1 (c)  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION OF PART 1 (c)  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION OF PART 1 (c)  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION OF PART 1 (c)  210. EXTERNAL CAUSE WAS PART 1 (c)  210. EXTERNAL CAUSE WAS PART 1 (c)  211. EXCENSION OF PART 1 (c)  212. LOCATION CITY OF TOWN OR COUNTRIBUTION OF TOWN OF TOWN OR COUNTRIBUTION OR COUNTRIBUTION OF TOWN OR COUNTRIBUTION OR CO			identifing coose	(1)			Peptic	Ulcer		
19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION   20. AUTOPSY?   YES   NO   20. EXTERNAL CAUSE WAS PERFORMED?   21b. TIME OF INJURY Month, Day, Year   19   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (At hame, form, street, at work   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (At hame, form, street, at work   19   22a. I certify that I took charge of the remains described above, held an Autapsy   Inspection   7   Inquiry   7   and in my opinion death resulted fram: Natural causes   Accident   7   Suicide   7   Hamicide   7   Undetermined manner   22b. DATE SIGNATURE   22b. DATE SIGNATURE   22b. DATE SIGNED   22b. DATE SIGNED   22b. DATE SIGNATURE   22b. D		DADT 2 OTHER	SIGNIFICANT COND	TIONS CONTRIBUTION	IC TO DEATH BUT NOT B	CLATED			ON CIVEN IN DART 1/-1	
PRIMARY OR CONTRIBUTING HOUR A.M.  AUSE OF DEATH  P.M.  19  21d. INJURY OCCURRED  WHILE  AT WORK  ACCIDENT  ACTUAL  SIGNATURE  EXAMINER'S  NAME (Type)  BENEDICT SKITARELIC, M.D.  BENEDICT SKITARELIC, M.D.  BURIAL, CREMATION,  REMOYAL (Specify)  BURIAL, CREMATION,  BURIAL, CRE		5401	7	THORS CONTRIBUTION	TO TO DEATH DOT NOT K	CLUMILD	TO THE TERMINAL DIS	CASE OR COMPINE	ON GIVEN IN PART I(0)	
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CAUSE OF DEATH  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK  AT							21c. HOW INJURY OCCU	JRRED (Enter nati	ure af injury in Port 1 or Part 2, Ite	ım 18.)
WHILE NOT WHILE AT WORK AT WOR	DIC	CAUSE OF DEAT	H	P.M	1. 19			Total III		
22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE S	M						21f. LOCATION Street ar	R.F.D. Na.	City or Town	County Stote
death resulted fram: Natural causes . Accident ., Suicide ., Hamicide ., Undetermined manner .  ACTUAL SIGNATURE		AT WORK	AT WORK	crory, ornice bollaling	, etc.)					
death resulted fram: Natural causes . Accident ., Suicide ., Hamicide ., Undetermined manner .  ACTUAL SIGNATURE		22a. I	certify that Lt	ook charge of th	e remains described	abov	e held an Autan	sv 🗌 In	spection Inquiry	and in my oninia
ACTUAL SIGNATURE SIGNATION DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE S									The same of the sa	the second secon
ACTUAL SIGNATURE		000	1	naibiai cabsa	A. Madadin	L,			_	
EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  BURIAL, CREMATION, REMOYAL (Specify) BUTIAL  A FUNERAL DIRECTOR  DEPUTY MEDICAL EXAMINER & December 30, 1968  ADDRESS(Street, city, town, or count/Gumberland, Md.  23c. NAME OF CEMETERY OR CREMATORY  BUTIAL  A FUNERAL DIRECTOR  ADDRESS  DEPUTY MEDICAL EXAMINER & December 30, 1968  ADDRESS(Street, city, town, or count/Gumberland, Md.  Cumberland, Allegany, Md.		ACTUAL	11.	1 -	16.7	-	2			CICNED
NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or count@umberland, Md.  30. BURIAL (REMATION, BURIAL (Specify) Burial Jan. 2, 1969 Hillcrest Burial Park Cumberland, Allegany Md.		//	Ilan	auce,	mua	Les			AMILIATIVE C	
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Burial Dercords Jan. 2,1969 Hillcrest Burial Park Cumberland Allagany Md.	00									
A FINERAL DIRECTOR	230.	REMOVAL (Spec	ifu)		and the second second	EMETER'	OR CREMATORY	23d	. LOCATION (City or Town)	(Caunty) (State)
ADDRESS DECIDED ADDRESS OF DECISTRADE SIGNATURE OF THE PROSTED ADDRESS OF THE PROSTED ADDRE				n.2,1969		st	Burial Pa	rk	Cumberland All	Acony Ma
James F. Connection	24.	FUNERAL DIRECT	OR Cara	-774 ~	ADDDECO	7	- 7	So. REC'D BY RE	GISTRAR 25b. REGISTRAR'S S	IGHATORE . M
James F. Scarpelli, Cumberland, Md. DAN AN 2 1969 Clearles Judge		oames I	· scarp	elli, Ci	umberland,	Mo		S NAMA	1969 Schane	en Judge

VR A15ME (5)

TO DEPUTY





O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is	ÒF	RA	1	AD	A
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T	y, p	IDI	5 may be retained far your files.	MAL	Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
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TO DEPUTY

3. SE) 7a. BI 5 may be retained far your files. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm countr 10. CIT Health prior to burial, cremation, or removal, and in any event within 72 hours after death. 13a. I adı 14. FA 16a. W (Ye MEDICAL CERTIFICATION 23a. 24.

	TOAL		MILDICA	AL EXMITTE	1/ 2 (1	FIXILI ICALI	OI DE	73111			
	CEASED-NAME ype ar Print)	First		Middle	1110	Last			05 5551	Day Year	2b. HOUR
- (1	LUC	INDA		MAE		TRIMBI			DEC 1	6 68	215Am
3. SE			ATE OF BIRT	. Inch	E (In years	MONTHS DAYS	IF UNDER HOURS	24 HRS.	2c. DATE PRONOUNCED DEAD	v	2d. HOUR
	FEMALE WH	ITE A	PRIL L	1, 1906 6	Z YRS	32		ann	Man DEC Day 16	Year 1968	215Am
	IRTHPLACE (State or fare		ZEN OF WHA			RRIED A NEVER N	ARRIED		NTY OF DEATH		
count	<sup>(y)</sup> PENNSYLVA	NIA U	. S. A				ORCED _	-	LEGANY	1 150	Md
10. CI	TY OR TOWN OF DEATH		11. NA/ give s	ME OF HOSPITAL OR IN Det Ordinas) SAC	ISTITUTION RED	(If not in haspit HEART HO	SPETA	SUAL OC Tenast af		126. KIND OF BUS	
13a. ad	USUAL RESIDENCE (Whe mission) STATE MA.F	re deceased live (YLANI) 13b.	d, if institut	ion: Residence befare	MT.	OR TOWN SAVAGE	YES N		RFD# 1 BOX 153	MT SAV	AGE
14. F/		irst	Middle	Last		15. MOTHER'S M		First	Middle	Las	1
	FORE	EST		WEYAN	T		AMAN	DA		GEORG.	巴
16a. V (Y	VAS DECEASED EVER IN U.:	S. ARMED FORCES? (If yes give war or dat		NONE	10.	17. INFORMANT FRANCIS	A. TR	IMBL	E RFD# 1 BOX 15	3 MT SA	VAGE
	18. CAUSE OF DEATH	(Enter only one o	rause per line	e for (a). (b). and (c).	)					APPROXIMATE BETWEEN ONSET	
	PART I. DEATH W			CORC		OCCLI	SION			SUDD	
	4109			AS A CONSEQUENCE OF		1100000					
10	Canditians, if any, whi	ich gave	(b)		RANOS	EY SCLEI	ROSIS			-	
	rise to immediate car stating the underlying		1 .	AS A CONSEQUENCE OF							
	last.	g tubse	(-)								
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTIN	IG TO DEATH BUT NOT	RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)		
	4201								, , , , , , , , , , , , , , , , , , , ,		
I I	19a. DATE OF OPERATIO	ON		19b. CONDITION FOR V		ERATION				20. AUTOPS	Y?
FEC				WAS PERFORMED?	?					YES 🗀	NO KT
MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE W		HOUR A.M		r 2	21c. HOW INJURY	CCURRED (Er	nter natur	re af injury in Part 1 ar Part 2, Ite	m 18.)	X
ğ	21d. INJURY OCCURRED	1210 DIACE O	P.M	hame, farm, street,	,	21f. LOCATION Stre	e or D E D Ma		City or Town	Caunty	State
	WHILE NOT WHILE AT WORK		ffice building,			ZTI. LOCATION SITE	T GI K.F.D. NO		city of Town	coonly	State
	22a. I certify	that I taak ch	arge of th	e remains describe	ed abav	e, held an Au	tapsy ,	Ins	pectian X, Inquiry X	, and in m	y apinian
	death resulted	fram: Nat	tural cause	es Ă , Acciden	t 🔲,	Suicide	Hamicio	de 🔲,	Undetermined manner		
	1		,	001		1 0	HIEF MEDICAL	EXAMINE	R 🗍		
	ACTUAL	nede	ets	Sketar	eli	C MD A	SSISTANT MED	ICAL EXA	MINER 22b. DATE S		
	EXAMINER'S				100	D	EPUTY MEDICA	AL EXAMI	NER K	16, 196	8
	NAME (Type) BE	NEDICT S	KITAR	ELIC, M.D.		A	DRESS(Stree	t, city, tax	wn, or couGUMBERLAND	, MARYLA	ND
23a.	BURIAL, CREMATION,	23b. DATE			CEMETERY	OR CREMATORY		23d.	LOCATION (City or Town)	(County) (S	itate)
	BURTAL BURTAL	18 I	DEC 68	REST		N MEMORI				JANY MA	RYLAN
24.	FUNERAL DIRECTOR H. LEE SILO			ADDRI	ESS	V 25 CO	2So. PEC	D BY REC	SISTRAR 25b. REGISTRAR'S S	IGNATURE	
]	H. LEE SILO	COX HOL	DECAT	UR STREET	CUMI	BERLAND :	MATE	-01	9 1968 gclian	les Judy	pl.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

H	16793	DIVISION	T THE RECORDS,		CATE OF DE		OKE, MAK	I DAIND Z	201	1678	6
	ECEASED-NAME Type ar print) HEN	First IRY	Middle A •		Lost WALKER		2a. DATE OF	DEATH Month	7 Oay	68 Yeor	2b. HOUR 7:40A
3. SI	MALE	4. RACE	WHITE		S. DATE OF BIRTH	96		6. AGE (In ye		IF UNDER 1 YEAR IONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
cau	BIRTHPLACE (Stote ar fareigntry)  PENNSYLVE  CITY OR TOWN OF DEATH	ANIA UNIT	WHAT COUNTRY?  D STATES  NAME OF HOSPITAL OR IN:	WIDOWED			AL DOCCUPATION	GANY (		12b. KIND OF	Md RUSINESS OR
	CUMBERLAND	gi	ve street address) SAC	RED HE	ART HOSP	during most	EEN C	TY Ve DiA	(TISAN)	INDUSTRY D	AIRY
adm	USUAL RESIDENCE (Where issian) STATE MARYL	AND 13b. COUNT	tutian: Residence befare ALLEGANY	±	ERLAND YE	NSIDE CITY LIMITS	307	FRANKI	IN S	TREET	
	FATHER'S NAME First HARRY	Middle	WALK	ER	IS. MOTHER'S MAIDEI	NAME First			iddle	MC	CAFFREY
	. WAS DECEASED EVER IN U	.S. ARMED FORCES? yes give war or dates of service)	214 05 6		PATIENT!	HOSP	ITAL C		ldress		
	1B. CAUSE OF DEATH (EI PART I. DEATH WAS			hex.	'a					BETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if any, which rise to immediate cause stoting the underlying clast.	gave (b)_	R AS A CONSEQUENCE OF	ren	of the	him	3			131	er
N	PART 2. OTHER SIGNIFICA		BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DIS	EASE OR CON	DITION GIVEN	IN PART 1(o	)		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	NO 🗀		YES, WERE FII OF DEATH?	NDINGS CON	ISIDERED IN CI	RTIFYING
MEDICAL CER	21o. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE (If either, natify medical	OF DEATH HOUR A.			HOW INJURY OCCURR	ED (Enter no	oture af injury	in Port 1 ar	Port 2, Ite	m 18.)	
M	21d. INJURY OCCURRED While Not while at work of work		Y ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		OCATION Street or			or Town		Caunty	Stote
200	220. I certify that ( sow the decease couses stated of	sed olive on	ottended the deceos d) (did not) view the	9 01	nd that in (my) (	≥ , 19 our) opinio	, to/ on deoth o	ccurred on	, 19_ the dote	e ond hour	(I) (we) los ond from the
	22b. SIGNATURE	, Prin	80	DEC	ATTENDING PHYS.		CTOR 🗆	STAFF PHYS.		TE SIGNED	:8
	22d. PHYSICIAN'S NAME (Type) DR	LEWIS BR	INGS		22e. AOORESS 57 GRI	EENE S	TREET,	CUMBI	ERLAN	D, MD.	21502
230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF				23d. LOCATION			(Caunty)	(Stote)
24.	FUNERAL DIRECTOR	11/10/6	B St ADDRESS	Lukes	Cement	REC'D BY F		2Sb. REG	ISTRAR'S S	GNATURE at	ny Md.

DATE DEC 1 3 1968

physician and completely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. be executed within 24 haurs after death OR ATTENDING PHYSICIAN: The law requires that the death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1

KIGHTS FUNERAL HOME, 309 DECATUR ST.,

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V TEET ?			8 1 10 E 2 N	1811	VERALL

214 05 6473 PATIENT'S HOSPITAL CHART

DR. LEVIS ARINGS

57 CHESHE STREET, CURRENTING, ND. 21502

HIGHTS FUNERAL HOLE, DO BECTUUR ST.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16787

	DECEASED-NAME	First		Middle		Lost	20.	DATE OF DEATH	V	2b. HOUR
	(Type or print)	WILL	LAM	Ρ.		WENDT		12 Month 2 Do	68 Yeor	12:45
3. 5	SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	MALE		h	HITE		12/2/98		70 YRS.	MUNINS DATS	HUUKS MIN.
	BIRTHPLACE (Stote or fo	reign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	9. <b>CO</b> I	UNTY OF DEATH		
tot	PENNSYL	VANIA	UNITED		WIOOWED	DIVORCED _	AL	LEGANY CO.,		Md
10.	CITY OR TOWN OF DEAT	Н		E OF HOSPITAL OR INST				UPATION (Kind of work done	NOUSTRY OF	BUSINESS OR
	CUMBERLAN			CREDS HEAR	T HOS	PITAL OUB	RANCH	MANAGER if retired.)	BISCL	JIT CO.
130	. USUAL RESIDENCE (Wh	ere deceose	d lived, if institution	n: Residence before	13c. CITY OF		CITY LIMITS?	13e. STREET AND NUMBER		
oan	nission) STATE MAR	YLAND	13b. COUNTY A	LLEGANY	CUM	BERLAND YES X	NO .	817 GEPHART	DRIVE	
14.		rst	Middle	Lost	1	S. MOTHER'S MAIDEN NA		Middle		Lost
	WILLI	AM	F.	WENDT			CLARA		WAR	NICK
160	o. WAS DECEASED EVER I	N U.S. ARME	D FORCES?	6b. SOCIAL SECURITY N	0. 17.	INFORMANT		Address		
	Yes, no, or unknown)	(II yes give wa	or doles of service)	174 01 75	00	PATIENT'S H	OSPIT	AL CHART		
	18. CAUSE OF DEATH	(Enter only	one couse per line	for (o), (b), ond (c).)				0	APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I. DEATH V	AS CAUSED	BY: E CAUSE (o)	Ren	til	alonary.	occi	upon	400	cu
	4109		, ,	A CONSEQUENCE OF					140	-
	Conditions, if ony, w	nich gove)	(b)		car	nery sel	um	2	14 d	ein
Н	rise to immediate constants the underlying			A CONSEQUENCE OF				<del></del>		
	last.	)	(c)							
	PART 2. OTHER SIGNI	ICANT CONE	OITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED T	O THE TERMINAL DISEASE	ORCONDITI	ION GIVEN IN PART 1(o)		
Z	4201									
CERTIFICATION	190. DATE OF OPERATION	N 19b. C	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20o. AUTOPSY?		20b. IF YES, WERE FINDINGS (	ONSIDERED IN CE	ERTIFYING
TE						YES NO	0 🔲	CAUSES OF DEATH?		
					21c. H	OW INJURY OCCURRED	(Enter notur	e of injury in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify med			Month Doy Yeor						
ME	I ZIU. INDUKI OCCOKKI	D 21e. F	PLACE OF INJURY	T HOME, FARM, STREET, FACT	ORY.) 21f. L	OCATION Street or R.F.D	). No.	City or Town	County	Stote
	While Not while of work								0.	
	22a. I certify the	at (I) (this	haspital) atten	ded the decease	d frem_	11-24	1960,	to_/2-2-, 19 death accurred on the do	60, that	(I) (we) las
	saw the dec	eased ali	ve on	2-/	Con, an	d that in (my) (aur)	apinian	death accurred on the do	ite and haur	and fram the
	22b. SIGNATURE	d above,	(I) (we) (ala) (c	lid nat) view the b	oay atter	death.		1 22.	DATE SIGNED	
	220. SIGNATURE	. 1	a San a		DEG	ATTENDING P	MED. DIRECTO	STAFF C	12-3-	-68
	22d. PHYSICIAN'S	' '0	nnog	2	010	22e. ADDRESS	DIKECIO	R L PHYS. L	10,	4
	NAME (Type)	DR.	LEWIS BRI	NGS		The second secon	NE ST	CUMBERLAND	. MD. :	21502
230	D. BURIAL, CREMATION,	23b. D		23c. NAME OF C	EMETERY OF			LOCATION (City or Town)	(County)	(Stote)
230	Burial (Specify)	1	/6/68						(	, , , ,
	FUNERAL DIRECTOR	112	0/00	Gracela	na ce	1250 RF	C.D BA BECI	ISTRAR 1256 REGISTRAR'S	SIGNATURE .	ellia.
-	Philip P	Jand-	707 Mama		Cam	Md OADE	C 6	ISTRAR 25b. REGISTRAR'S	las Jus	جالي

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1- and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs offer death. VR A15 (4) 30M REV. 1/68

haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16788 DECEASED-NAME First Middle Last 2n DATE OF DEATH 2b. HOURP 24 haurs after death (Type or print) Month 23 Doy JAMES H. WHEELER 12 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR MALE WHITE 4/25/05 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH MARYLAND USA ALLEGANY WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane requires that the death certificate be executed within 12b. KIND OF BUSINESS OR gir ALERPHOSSHEART HOOP ITAL CUMBERLAND FOOD MKT. during mast of maintain the even if retired.) 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER odmission) STATE MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES X NO 120 INDEPENDENCE ST. 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost WHEELER **EDWARD** ROWAN ANNA WHEELER val and i 900 SETON DRIVE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or Michawn) (If yes give war or dates of service) 214 05 8929 SACRED HEART HOSPITAL CUMBERLAND, MD. APPROXIMATE INTERVAL remo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p Canditions, if any, which gave: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from accept. 3\_1%P, and that n (my) (aur) opinion death accurred on the date and hour and fram the saw the deceased alive on\_\_\_\_ directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 1068 NATIONAL HIGHWA NAME (Type) 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEMOVAL Shecify) ,1968 Dec. St. Mary's Cemetery Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR FUNERAL HOME - 108 VA. AVENUE DATE JAN 3

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16776 CERTIFICATE OF DEATH

ed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certificate in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after depth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

16789

		EASED-NAME	First	Middle		Lost	2o. DATE OF			2b. HOURD
	(Τγ	pe or print)	IARY	F.	WHO	ORTON		Month 12 Do	Y 11 Year 68	11:49
133	. SEX	FEMALE	4. R/	WHITE	S	03-06-9	3	6. AGE (In years lost birthdoy) 75 YRS.	MONTHS DAYS	HOURS MIN.
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				, if institution: Residence before	MT. S	use Fin		REET AND NUMBER		
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Sh fill sh for			CCURRED 21e. I	PLACE OF INJURY	(At home, farm, si	reet,	21f. LOCATION Street	or R.F.D. No.	City or	Town	County	State
EXAM ute th age 4 your Page	3	WHILE AT WORK	NOT WHILE TO	ctary, office buildi	ing, etc.)	- 43						
DEPUTY DICAL EXAM reessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to buriol, crem		22a. I	certify that I to	aak charge af	the remains de	scribed abay	e, held an Auto	ipsy ,	Inspection X	], Inqu	iry 🔀 , and	in my apiniar
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	-	BURIAL  24. FUNERAL DIRECT	TOR	C.26,1		ADDRESS	OVE CEM	2Sa. REC'D BY			STRAR'S SIGNATURE	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16793 CERTIFICATE OF DEATH Last 20. DATE OF DEATH DECEASED-NAME First (Type or print) 1968 0:00 WILSON DECEMBERT HUGH W. 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX 6. AGE (In years log birthday) 3-18-01 WHITE MALE 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ALLEGANY WIDOWED DIVORCED 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH TIRED Paymas ter PHYSICIAN: The law requires that the death certificate be executed with Paper CUMBERLAND please remove carbar event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER FAIRVIEW ST 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First ROBERT WATSON WILSON SARAH 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no grunknown) 216-07-9366 CUMBERL AND. 18. CAUSE OF DEATH (Enter only one couse per line fgr (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave signed by the burial-transit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER DIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE IERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 as the O FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED 2Da. AUTOPSY? CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2, Item 18. HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e\_PLACE OF TNJURY County State City or Town While Nat while at work directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR Dec. 15, 1968 DEGREE 22d. PHYSICIAN'S CENTRE ST., CUMBERLAND, MO. J. MIRKIN NAME (Type 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) Westernport Alleg. Md. Dec.19,1968 Philos Cemetery 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 W. Harold Fredlock Jr. Pjedmont W. Va

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MADVIANT - 201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2a DATE OF DEATH death (Type or print) BERNARD F. WOODS 2-09-68 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years ecuted within 24 hours after last birthday) 07-16-99 MALE WHITE remave carban papers. Par n anv event, within 72 haurs Kampletely filled in by t 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) MARYLAND USA ALLEGANY WIDOWED [ DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) CUMBERLAND HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY EAE2 MARYLAND ALLEGANY ELLERSL ELLERSLIE, MD. 21529 and in any 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First ease ren ofe be WILLIAM WOODS MARY 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) 214-07-0080 ar remaval, CUMB., MD. 21502 PHYSICIAN: The law requires that the death certific 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) crematian, Conditions, if ony which gove OL onar burial-transit rise to immediate cause (o), by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed burial Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been shauld be detached far use as the vith the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [ director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day (If either, notify medical exominer) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while at work OR ATTENDING saw the deceased alive on 12couses stated abave. (1) (we) (did) (did view the body ofter death. 22b. SIGNATURE DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS

VR A15 (4)

30M REV. 1/68

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) County State 220. I certify that 樹 (this hospital) ottended the deceased from 12-5 , 19 6分, to 12-9 , 19 6分, that 椰 (we) last \_1967, and that in (av) (aur) apinion death occurred on the date and hour and from the 22c. DATE SIGNED NAME (Type) 200 BALTO AVE. CUMB. MD. 21502 RICHARD W. TREVASKIS 23d. NAME OF CEMETERY OR CREMATORY

SS. Peter & Paul Cemetery Cumberland, Allegany, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, BURNAVAL Specify) Pec.13,1968 ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 108 VIRGINIA AVE. FUNERAL HOME DEC 16 1968 SCARPELLI DATE CHMRERI AND

MARYLAND STATE DEPARTMENT OF HEALTH

2b. HOUR

IF UNDER 24 HRS

HOURS

Last

12b. KIND OF BUSINESS OR

MC PARTLAND

BETWEEN ONSET AND DEATH

IF UNDER I YEAR

MONTHS

Scool 07-11-65 YIOIJJ USA STOKED HEIRT HOSPITAL CU DEL LAND SEAIT Y ... PLUECONY CLUERSULE CLUERULE, NO. 21520 THAJWIAH Y 161 2 00 1 -THOUTH ON 211-07-COCO STOCKE HEART HESP CUME, NO. 21502 RICHARD V. TREVASKÍS JR., L.U. 200 JALTO VIE., OU 1., ND. 21362 . Dec. 13. 1988 - SE. Teter D. Faul C. etery Fundering, Aller and American American

COMPELLI FUMBECL HURB 105 VIRGINIA AVE.